DOCUMENT RESUME

ED 180 603 PS 011 079

TITLE	Services for Children: A Summary from the Illinois Human Services Plans. Phase I: 1977 - 1979.
INSTITUTION	Illinois State Dept. of Finance, Springfield.
PUB DATE	Feb 79
NOTE	187p.; Prepared by the Planning Consortium for Children's Services
AVAILABLE FROM	The Planning Consortium, Suite 618, 1 West Old Capitol Plaza, Springfield, IL 62701 ($2.25)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Administrator Guides; *Child Welfare; Correctional Rehabilitation; Crippled Children; Delinquency Prevention; Drug Abuse; *Guidelines; *Human Services; Interagency Planning; Law Enforcement; Mental Health Programs; *Planning Commissions; *Social Agencies; Social Services; State Boards of Education; *Statewide Planning; Vocational Rehabilitation
IDENTIFIERS	*Illinois

ABSTRACT

This summary contains abbreviated versions of 1977.1979 plans of services for children proposed by Illinois human services agencies. The booklet was prepared as a reference document for persons involved in planning sessions of a regional workshop. Contents include excerpts from the text of the Illinois Welfare and Rehabilitation Services Planning Act, excerpts from guidelines put out by the Bureau of the Budget ("Instructions to Agencies of Phase I of the Human Services Plans"), and information on twelve state agencies that include services for children. These agencies are: Commission on Delinquency Prevention, Dangerous Drugs Commission, Department of Children and Family Services, Department of Corrections, Department of Mental Health and Developmental Disabilities, Department of Public Aid, Department of Public Health, Division of Services to Crippled Children, Division of Vocational Rehabilitation, Governor's Office of Manpower and Human Development, Illinois Law Enforcement Commission, and Illinois Office of Education. Included in a summary about each agency is information on its mandate, mission, target problems, services, and directions for fiscal year 1979. (SS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED180603

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

SERVICES FOR CHILDREN

A SUMMARY FROM THE ILLINOIS HUMAN SERVICES PLANS
PHASE I: 1977 - 1979

Information abstracted from documents published by public agencies of the State of Illinois

PS011079

Developed by the Planning Consortium for Children's Services, for the Regional Planning Workshops

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Marjorie VanderScheer

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

February, 1979 Springfield, Illinois

Copies of this manual are available from:

The Planning Consortium
Suite 618 1 West Old Capitol Plaza
Springfield, Illinois 62701

(Cost: $2.25 per copy)

INTRODUCTION

This Summary is prepared as a reference document for persons involved in planning sessions organized by the Planning Consortium for Children's Services in Illinois. The sessions will be held in Carbondale, Chicago and Peoria, in February, March and April of 1979. The purposes of these sessions are:

To offer citizens concerned about services for children the opportunity to assess current delivery and provide input into future planning;
To provide state planners with information from the citizen, delivery level perspective;
To establish a mechanism for problem-solving dialogue between citizenry and state agency personnel;
To develop recommendations for children's services which can be incorporated into the state's Human Services Plans.

The materials contained herein are considerably abbreviated and selective versions of the original plans from which they are drawn. For a more complete picture of the state's human services plans, not contained in this brief overview relating to one target population, interested persons are urged to obtain copies of the complete plans as listed on the following two pages.

Listing of Volumes in the
1979 ILLINOIS HUMAN SERVICES PLANS
Phase I: Fiscal Years 1977-1979

*1979 PLAN FOR DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Phase I: 1977-1979
Illinois Human Services Plan - Volume 1

*1979 PLAN FOR DEPARTMENT OF PUBLIC AID
Phase I: 1977-1979
Illinois Human Services Plan - Volume 2

*1979 PLAN FOR DEPARTMENT OF CORRECTIONS
Phase I: 1977-1979
Illinois Human Services Plan - Volume 3

*1979 PLAN FOR DIVISION OF VOCATIONAL REHABILITATION
Phase I: 1977-1979
Illinois Human Services Plan - Volume 4

*1979 PLAN FOR DANGEROUS DRUGS COMMISSION
Phase I: 1977-1979
Illinois Human Services Plan - Volume 5

1979 PLAN FOR DEPARTMENT ON AGING
Phase I: 1977-1979
Illinois Human Services Plan - Volume 6

*1979 PLAN FOR DEPARTMENT OF PUBLIC HEALTH
Phase I: 1977-1979
Illinois Human Services Plan - Volume 7

1979 PLAN FOR BUREAU OF EMPLOYMENT SECURITY
Phase I: 1977-1979
Illinois Human Services Plan - Volume 8

*1979 PLAN FOR GOVERNOR'S OFFICE OF MANPOWER AND HUMAN DEVELOPMENT
Phase I: 1977-1979
Illinois Human Services Plan - Volume 9

1979 PLAN FOR COMMISSION ON HUMAN RELATIONS
Phase I: 1977-1979
Illinois Human Services Plan - Volume 10

1979 PLAN FOR DEPARTMENT OF VETERANS' AFFAIRS
Phase I: 1977-1979
Illinois Human Services Plan - Volume 11

*1979 PLAN FOR COMMISSION ON DELINQUENCY PREVENTION
Phase I: 1977-1979
Illinois Human Services Plan - Volume 12

*1979 PLAN FOR DIVISION OF SERVICES FOR CRIPPLED CHILDREN
Phase I: 1977-1979
Illinois Human Services Plan - Volume 13

Copies of these Plans can be obtained from the
Illinois Bureau of the Budget
Room 108 Statehouse
Springfield, Illinois 62706

Copies of Phase II, in which each agency does an in-depth analysis and projection of a specific program, are available from the individual agencies.

*Includes services for children.

TABLE OF CONTENTS

Introduction i

Listing of Volumes ii

I. The Law 1

II. The Bureau's Guidelines 5

III. The Service Summaries 9

Delinquency Prevention, Commission on 10
Dangerous Drugs Commission 15
Children and Family Services, Department of 22
Corrections, Department of 38
Mental Health & Developmental Disabilities, Department of 45
Public Aid, Department of 49
Public Health, Department of 63
Crippled Children, Division of Services to 76
Vocational Rehabilitation, Division of 81
Manpower and Human Development, Governor's Office of 90
Illinois Law Enforcement Commission 97
Illinois Office of Education 102

IV. Issues in Planning 114

I

THE LAW

In 1975, the General Assembly of Illinois passed Public Act 79-1035, the Illinois Welfare and Rehabilitation Services Planning Act. (Illinois Revised Statutes, Chapter 127, Section 951-960.) By this Act, certain agencies through which the State delivers human services were required to develop and publish service plans, with the Bureau of the Budget designated as the coordinating office.

The text of the Act reads as follows:

"951. Short title.) 1. This Act shall be known and may be cited as the Illinois Welfare and Rehabilitation Services Planning Act.

"952. 2. Purpose.) The Purpose of this Act is to establish a procedure which will result in comprehensive, long-term planning by several departments responsible for administering and providing public welfare and rehabilitation services in Illinois.

"953. Plans for use of human resources and provision of social services.) 3. On or before the first Friday in April of each year, each agency listed in Section 4 (a) shall prepare and cause to be submitted to the General Assembly a comprehensive plan providing for the best possible use of available resources for the development of the State's human resources and the provision of social services by such agency. Each such plan shall contain the information required by Section 6 and shall be prepared and submitted in conformity with Section 7 through 9 of this Act. The Bureau of the Budget, or any other agency designated by that Bureau, may require that the agency plans required by this Act shall, prior to submission to the General Assembly, be submitted to it, or such other agency designated by it. The Bureau or the designated agency may review and coordinate such plans and submit them on behalf of the agencies concerned to the General Assembly.

"954. Agencies required to submit plans - Coordination of plans.) 4. (a) Plans required by Section 3 shall be prepared by and submitted on behalf of the following State agencies, and may be prepared and submitted by another State Agency designated by the Governor:

(1) the Department of Children and Family Services;
(2) the Department of Public Aid;
(3) the Department of Corrections;
(4) the Department of Vocational Rehabilitation;
(5) the Dangerous Drugs Commission;

(6) the Department on Aging
(7) the Department of Public Health
(8) the Bureau of Employment Security.

(b) The plans required by Section 3 of this Act shall be coordinated with the plan adopted by the Department of Mental Health and Developmental Disabilities under Sections 48 through 52 of 'An Act codifying the powers and duties of the Department of Mental Health and Developmental Disabilities,' approved August 2, 1961, as amended, and any plan adopted, re-adopted or amended by the Department of Mental Health and Developmental Disabilities under those sections shall be coordinated with plans required under Section 3 of this Act.

"955. 5. Federal Planning Requirements. The plans required by Section 3 shall take account of federal planning requirements and provide for recommendations for alteration or development of those requirements.

"956. Contents of plans.) 6. Plans required by Section 3 shall include the following:

(a) the services provided by the agency in the past year, being provided in the current year, and to be provided during the next fiscal year based on the budget proposed by the Governor, including the following information with respect to such services when it is applicable and obtainable:
(1) identification of any substate service areas established by the agency, and the nature and amount of services to be provided in each area;
(2) identification of the need for each service, including target populations or categories of individuals to be served, subdivided among service areas within the State if substate service areas have been established;
(3) objectives for program accomplishment during the current and next fiscal year;
(4) estimated expenditures based on the budget proposed by the Governor for the next fiscal year with respect to each of the services to be provided, each of the categories of individuals to whom those services are to be provided, and a comparison of estimated expenditures for the current fiscal year;
(5) review and evaluation of program accomplishments, to determine the relative effectiveness of various programs on such conditions as crime, dependency and poverty;
(6) identification of the means by which services will be or have been provided in the past, current and next fiscal year, including a description of the organizational structure under which such services will be provided, and a breakdown of costs of direct operations and grants by services within the amount available for grants;
(7) a description of the capital development plans for the agencies identified in Section 4 (a) of this Act, including the rehabilitation or phase-out of any existing State-owned facility and specific projects proposed for the next fiscal year.

(b) information setting a prospective for the current year action, setting forth goals and intentions, and issues and recommendations for future action, within the two years following the next fiscal year, in the following areas and in others deemed appropriate:
(1) projections of needs, target populations, and clientele to be served under continuation of present programs and proposed new programs;

(2) for each service, an estimate of the percentage share of total revenue needs to be provided by each available revenue source;

(3) realistic long-term goals and measures of progress by which progress and service direction and effectiveness may be judged;

(4) analyses of Federal programs and legislation for their impact on State human resources and social service delivery, including possible changes in current programs, new programs, and other legislation;

(5) a description of the most productive budgeting of State funds to gain maximum participation by Federal and other available sources of funds;

(6) development of new mechanisms to improve the coordination and delivery of social services by the agency and related agencies;

(7) identification of, and development of services to meet the unmet needs of individuals;

(8) other management improvements, including changes in organizational structure of the agency, to improve human resources development and social service delivery;

(9) capital development plans of the agency, including the rehabilitation or phase-out of any existing State-owned facility and a description of the purposes for which each new State-owned or State-financed facility will be used.

"957. Notice of and changes in plans.) 7. (a) With respect to each annual plan required by Section 3 of this Act, each agency described in Section 4 (a) shall, after submission of the plan to the General Assembly, give notice of availability of the plan, make copies of the plan publicly available, for reasonable inspection and copying, and provide at least 30 days for submission of public comments.

(b) With respect to any change in the plan which is of a substantial or statewide nature and which will become effective before submission of the next annual plan to the General Assembly, each agency shall file the change with the General Assembly and thereafter follow the procedures set forth in Section 7 (a) with respect to notice, availability and public comment.

(c) Each agency shall give consideration to any comments, recommendations or testimony received and may modify any proposed plan or proposed change to incorporate such comments, recommendations or testimony.

"958. Notice defined.) 8. For the purposes of Section 7 of this Act 'notice' shall mean to notify the President of the Senate, the Minority Leader in the Senate, the Speaker of the House, the Minority Leader in the House, and the Chairmen and Minority Spokesmen of the standing committees in the Senate and the House which have primary concern for welfare and rehabilitation that the plan has been submitted to the General Assembly and is available.

"959. Plan changes required by law or regulation.) 9. Section 7 of this Act shall not apply to plan changes which are required by Federal law or regulation or by State law, but such changes shall be incorporated in the next annual plan with specific reference to the Federal law or regulation or to the State law requiring the change.

"960. Distribution of copies of plans.) 10. Each agency shall distribute copies of the plan to members of the public upon written request and payment of reasonable costs."

Toward fulfillment of the above mandate, the Planning Consortium has undertaken to develop cooperatively with the Bureau of the Budget a mechanism for public input to the planning process.

II

THE BUREAU'S GUIDELINES

The Law gives the Bureau of the Budget the authority to review and to coordinate the agencies' plans and to submit these plans to the General Assembly. The Bureau's task, in this most recent roun of planning, has involved:

a. Development of a format for organization of the information that is included;
b. Review of submitted plans for appropriate content and organization, and for accuracy of data;
c. Assistance for the agencies with needed revision;
d. Establishment of time frames for the completion of steps in the process.

Changes from previous planning procedures included:

a. Circulation of agencies' plans by the agencies themselves. This means that persons wanting copies of plans should each agency directly with request for plan or plans wanted.
b. Publication of plans in two phases. Phase I was to be a status report on human services, containing information on FY 77-79. These first planning documents were scheduled for submission to the General Assembly by April 7, 1978.
   Phase II was to be an in-depth analysis of one agency program selected by that agency, and was to contain projections for FY 80-81.

Not all agencies had completed and published their Phase II plans at the time this Summary was undertaken. Therefore, the information in this booklet is drawn from Phase I materials. The Bureau of the Budget released Instructions to Agencies on Development of Phase I of the Human Services Plans, (Bureau of the Budget Circular No. 9), on January 5, 1978.

What follows are brief descriptions of portions of the Phase I instructions.

Two major thrusts were defined for development of Phase I plan documents. These were, first, greater emphasis on narratives to explain and describe major trends; and, second, the Budget, the Plans, and the Title XX Plan were to be consistent with each other. In a departure from previous years, individual tables for each service were no longer required, with the new emphasis being on descriptive narratives.

Step 1 was to identify and define services.

Services definitions were to describe the purpose or problem addressed by the service. The activities performed within that service were then to be described. Each service was to identified and defined as discretely as possible, with clustering of services to be avoided.

Broad purpose categories were set forth as guides for identifying discrete services. From the Instructions, these appear as follows:

1. ECONOMIC OPPORTUNITY AND SECURITY - These activities are directed toward restoring or enhancing the economic resources of the individual or family by assisting persons to earn a living, providing financial assistance, or assisting persons to make the best use of their existing economic resources. This purpose is pursued through:

   1.1 Helping people find jobs
   1.2 Training people in skills needed to fill jobs or remain in jobs
   1.3 Developing jobs or subsidizing job positions
   1.4 Alleviating personal and social conditions which inhibit participation in the labor force
   1.5 Providing financial assistance
   1.6 Assisting persons to make the best use of their economic resources

2. HEALTH - These activities are directed toward promoting and restoring physical well-being. This purpose is pursued through:

   2.1 The prevention and early detection of health problems
   2.2 The treatment of health problems

3. SOCIAL FUNCTIONING - These activities are directed toward preserving and strengthening individual and family living and ameliorating conditions which inhibit socially productive living. This purpose is pursued through:

   3.1 Efforts to maintain persons at their highest level of self-sufficiency in the community
   3.2 Efforts to support the family unit
   3.3 Efforts to creat substitute family or individual living arrangements
   3.4 Efforts to restore persons to socially useful lives through community based services
   3.5 Efforts to restore persons to socially useful lives through institutional based services

4. INDIVIDUAL AND COLLECTIVE SAFETY - These activities are directed toward protecting society from criminal elements and protecting persons from exploitation.

5. ACCESS TO SERVICES - These activities are directed toward removing barriers which hinder utilization of social services. This purpose is pursued through:

   5.1 Helping persons become aware of and find services
   5.2 Helping persons get to needed services

6. COMMUNITY ASSISTANCE - These activities are directed toward supporting the development and coordination of local services.

In Step 2, A target population is defined as the families, individuals or other classifications of potential receivers of a service. This population is based on an estimation of need, any eligibility requirements governing receipt of a service, or any other provision underlying the legal mandate for the service.

How recipients were qualified was to be shown - persons, families, firms inspected, et al.

The unit of service was a measure of the amount of service delivered, such as an eight-hour day of care, a medical procedure, etc.

Services and recipients were to be arrayed according to resources for support of services delivery. A later section was to present Federal and State sources of support.

The method of service delivery was requested under Step 4. Three principle mechanisms were listed: Direct; purchase; and, Grant. Costs per unit and per recipient were to be estimated and included among data presented.

Information regarding services and recipients is to be organized according to sub-state areas in Step 4. [1]

The map showing these sub-state areas, (as published in the BOB Instructions), appears on page of this Summary.

Besides further analysis, Step 5 asks each agency to discuss the agency's purpose and organization. To be discussed were the agency's legal mandate, overall purpose, organizational structure, and approach to service delivery.

As a conclusion to Phase I, Step 6 provided for discussion of Issues, Problems and objectives for FY 79.

[1] This was a needed step toward sub-state coordination of planning and delivery, one urged by participants in the 1977 pilot workshops.

Sub-State Area for Data Reporting Purposes

III

SUMMARY OF CHILDREN'S SERVICES

Each of the human services agencies for which information appears on pages - mu't develop annual services plans. For those agnecies that fall under the mandate of P.L. 79-1035, the plans are to cover delivery for the past year and projections for the current and next fiscal year. Each plan thus covers a period of three fiscal years.[2]

Nine of the state agencies included within the planning mandate develop plans that contain services for children as a target population. "Children" are defined for our purposes as persons under 18 years of age, except where statutory or service requirements extend the period of eligibility beyond age 18.

Besides these nine agencies, three other agencies also develop plans that include children's services, though under different mandates and guidelines. All twelve agencies are included in this Summary.

For purposes of the Summary only services for children have been abstracted from the plans. This information is much abbreviated for our document, but otherwise no changes have been made from the original writings. Terminologies and definitions appear as in the original documents.

For fiscal and other information, as well as further details, omitted from this review, interested persons should contact the various agencies to obtain copies of full volumes.

The twelve state agencies that include services for children as defined above within their responsibilities are arranged alphabetically, with information about each then summarized according to the following outline:

1. Mandate;
2. Mission;
3. Target Problems;
4. Services:
   - Service,
   - Definition,
   - Activities,
   - Target Population,
   - Method of Delivery;
5. Directions for Fiscal 1979.

---

2 Note that Phase I for this last round of planning contained past and current years' information, with Phase II to contain future projections.

ILLINOIS COMMISSION ON DELINQUENCY PREVENTION

1

Mandate

Public Act 79-944 mandates that the Illinois Commission on Delinquency Prevention carry out community services activities designed to bring neighborhood residents together to plan and carry on their own programs and services for youth, especially programs designed to reach and redirect delinquent behavior.

The statute also mandates the involvement of local residents and indigenous community organizations. These groups and residents together constitute the primary resources which, when properly mobilized, can combat local conditions known to contribute to juvenile delinquency.

2

Mission

The purpose of the Commission is to assist local communities in the development of programs for the prevention and control of delinquency and the rehabilitation of delinquents through community-based measures, and to improve the capacity of local communities to deal effectively with social and economic problems related to youth.

3

Target Problems

1) Community residents, those people most directly affected by delinquent behaviors - parents, neighborhood residents, youth themselves.

2) Youth-serving agencies -- the Commission works with various public and private youth-serving agencies to assure maximum availability of services to youth.

3) Groups and individuals requesting training.

4) Interested public, by means of public education activities.

5) High risk areas, as evidenced by commitment rates, Juvenile Court cases, police contact rates, and dropout rates.

Services

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. Administration	Central support functions necessary for carrying out the goals, objectives and mandates of the Commission.	Management; finance and budgeting; payroll; audit; other general office functions.	(Not Given)	(Not Given)
2. Community Services				
a. Community Organization	The enlistment of local persons and groups in cooperative efforts to combat juvenile delinquency.	Consultation and assistance in the creation and maintenance of local citizen groups. Assistance to community groups in efforts to reduce, control, or prevent juvenile delinquency. Consultation services to youth serving agencies	Community Groups	ICDP Staff
b. Diversion and Alternative Services	Provision of assistance to localities in the development of programs which divert youth from the juvenile justice system or offer alternatives to incarceration.	Meetings with youth serving agencies to develop or expand diversion programs. Liaison with youth serving agencies to analyze the need for additional resources.	Youth serving agencies	ICDP Staff

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
c. Public Education	Program which informs the public of current youth problems and methods of delinquency prevention in an effort to develop community responsibility for resolving youth problems.	Individual and group contacts with general public. Staff contacts with public officials. Public presentations, conferences, workshops.	Workshops, conferences, institutes	ICDP Staff
3. Juvenile Officers Information Division (Transferred to Department of Law Enforcement in 1978)	A records system which collects and maintains statistical information on: police/juvenile contacts and youth adjudicated as delinquents.	Maintenance of data; communication to participating juvenile officers, courts and states attorneys.	(Not Given)	(Not Given)
4. Grants to Community Agencies	Provision of limited financial assistance to locally operated youth programs directed at the prevention and control of juvenile delinquency or other types of youthful misbehavior.	(Not Given)	(Not Given)	(Not Given)

Directions for 1979

The Commission will devote the major share of agency resources to community services activities and will seek to increase the number of community groups involved in delinquency prevention efforts.

Community Services staff will be increased.

DANGEROUS DRUGS COMMISSION

1

Mandate

The charge to the Dangerous Drugs Commission is found within Public Act 78-977, Section 2. Legislated functions of the Commission are as follows:

1. To serve as the State planning agency for drug abuse;
2. To establish a clearinghouse for data collection and dissemination on drug abuse;
3. To coordinate Federal funding for drug abuse in the State;
4. To obtain pertinent identification and arrest data for use in treatment, research and evaluation;
5. To explore the feasibility of adopting a "Uniform Drug Arrest Form";
6. To make grants-in-aid and purchase-care agreements with State, Federal, public and private agencies or universities, as appropriate;
7. To license certain drug abuse programs, and to schedule drugs under the Controlled Substance Act and the Cannabis Control Act.

An eleven-member Commission sets policy, and is advised by a thirty-member Dangerous Drugs Advisory Council.

2

Mission

The Commission, since its inception, has viewed drug abuse prevention as an overall strategy which includes education and public information, early intervention, and treatment and rehabilitation. Specific action plans are developed within this model which are intended to:

Dissuade the non-user from experimenting with those drugs which have the greatest abuse potential through effective drug abuse prevention and education programs and through more intensive programs stressing alternatives to drug abuse among high risk groups;

Deter the occasional or experimental user from progressing to the abuse of drugs through direct, early intervention programs;

Provide effective and accessible treatment services for drug abusers for the purpose of rehabilitating the individual abuser and for removing the drug abuser from the illicit drug market; and

Help prevent the former drug abuser from returning to the illicit market by assisting him or her to remain drug free and to become a more productive member of society.

3

Target Problems

From an incidence and prevalence study done by the Institute for Juvenile Research:

1. 51% of youths and 39% of adults in Illinois, a total of over 4 million persons, were estimated to be "at risk" of developing some drug-related problem.

2. 25,000 youths and 15,000 adults were estimated to be already abusing non-narcotic drugs.

3. The estimate of those in Illinois abusing narcotics has been estimated to be 50,000.

Three major drug using populations were also identified in the IJR study:

1. White women between the ages of 20 to 40 are at high risk of depressant/tranquilizer use, and all women are showing up in increasing numbers for opiate treatment.

2. Urban ghetto residents of about 26 years of age are the highest risk group for fatal opiate overdoses.

3. Drug use and abuse in young downstate males is increasing.

Services

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. General Office	Provision of centralized services which support the agency's administration operations and assist in carrying out federal and state mandates.	Personnel and financial management. Planning and research. Federally assisted training. Monitoring and evaluation of grants. Licensing and inspection of drug clinics.	(Not Given)	(Not Given)
2. Information Systems	Maintenance of information systems which collect and process client, financial and drug-related data for use in decision-making.	Automated management information system. Baseline statistical data. Federally mandated client data system (CODAP)	(Not Given)	(Not Given)
3. Evaluation	Assessment of agency and program operations to determine the effectiveness and efficiency of drug-abuse programming in Illinois.	Performance evaluation. Management efficiency assessments. Design of evaluation methodologies. Client outcome evaluations. Review of evaluation proposals. Technical assistance.	(Not Given)	(Not Given)

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
4. Toxicology	Biochemical analysis and drug detection to determine evidence of illicit drugs and to monitor effectiveness of each program in reducing drug abuse among its clientele.	Urine testing for all methadone maintenance and residential programs. Special testing for poly drug program upon request. Periodic testing for specified drugs to identify drug usage patterns and changes.	(Not Given)	(Not Given)
5. Drug Abuse Treatment Services	Provision of federal or state funds to locally administered, nonprofit corporations to develop treatment and rehabilitation services for drug abusers.			
a. Outpatient Services	Rehabilitation and treatment provided in a community-based setting, designed to reduce or eliminate drug abuse and to improve personal and social functioning.	Professional diagnosis and assessment. Group and individual counseling. Social, vocational, and educational skills development. Medical, remedial or specialized health care.	Heroin users and poly drug users; for methadone maintenance, persons with two-year addiction.	Grants to public and private agencies; contracts with drug treatment clinics.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
b. Residential Treatment	Treatment and rehabilitation services, provided in a highly structured living environment, which are designed to reduce or eliminate substance abuse, facilitate the return to normal community life, and enhance the capacity of the individual to function in a self-sufficient manner.	Professional diagnosis and treatment. Social, vocational, and educational skills development. Medical, remedial and other specialized health care. Room and board.	Persons addicted to narcotics or poly drugs.	Purchase of care through contracts with clinics.
c. Transitional Day Care	Residential program providing transitional treatment and rehabilitation services in a community-based setting for persons unable to live independently because of the effects of substance abuse.	Individual, group and/or limited family counseling. Vocational counseling and referral. Social, vocational, and educational skills development. Medical, remedial and/or other specialized health care. Room and board.	Persons with a history of drug abuse who have been assessed as ready to participate in a program which emphasizes resocialization of the individual into the community.	Purchase of care through contracts with clinics.
d. Central Intake	A centralized intake system which provides uniform, standardized medical and psychological evaluation of all drug abuse treatment applicants within the Chicago metropolitan area.	Initial client screening. Record of personal, psychological, medical and drug histories. Physical examination and professional observation of drug symptoms. Laboratory testing.	Persons seeking drug abuse treatment within the Chicago area.	Provision of intake services and referral to appropriate treatment.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
6. Drug Abuse Prevention	Provision of public information and education concerning effects, legal status and patterns of drug abuse. Early intervention services are also provided to develop alternatives to drug abuse.	Dissemination of information to the general public. Public presentations and training sessions. Personal and interpersonal counseling.	"At risk" non-drug users who are in danger of becoming drug users; episodic and experimental drug users, especially persons under the age of 18.	Grants-in-aid to public and private non-profit organizations.
7. Treatment Alternatives to Streat Crime (TASC)	Provision of diagnostic placement and tracking system as a diversion alternative for narcotic addicted drug abusers within the criminal justice system.	Client screening and referral to treatment. Cooperative work with Criminal Court System. Monitoring of service provided.	Persons arrested for violating drug laws or related offenses; narcotic addicted offenders within the criminal justice system.	Grant to Chicago/Cook County area through ILEC

Directions for 1979

During FY 79 the major directions of the Commission will include:

Increased participation by regional and local planning bodies in the planning and coordination of treatment and prevention efforts.

Assurance of high quality service delivery by Illinois drug programs.

Development of a comprehensive State strategy for prevention and an increase in prevention and early intervention models.

Increased emphasis on diversion of the drug abuser within the criminal justice system by expanding the concept of TASC to areas downstate.

An increase in joint planning and programming with Department of Mental Health and Developmental Disabilities (Division of Alcoholism) to address the burgeoning of concurrent abuse of alcohol and drugs.

The adequate distribution of resources to meet the prevention and treatment needs of the following special populations:

a) Minority youth,
b) Women,
c) Rural population, and
d) Elderly.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

1

Mandate

The Illinois Department of Children and Family Services was created to:

1. provide social services to children and their families;

2. operate children's institutions; and

3. provide rehabilitative, residential, and direct child welfare services when not available through other public or private programs.

Child welfare services are social services which supplement or substitute for parental care and supervision.

The Act Creating the Department cites responsibilities for adjudicated neglected or dependent children and children under 13 who have been adjudicated delinquent, or as minors in need of supervision, who have violated orders of a juvenile court. (Ill. Rev. Stat. Chapter 23, Sec. 5005). The Guardianship Administrator of the Department may be appointed guardian of the person of a neglected or dependent minor under 18 years of age who is made a ward of the court. (Ill. Rev. Stat. Chapter 37, Sec. 705-7)

The Department may operate other programs such as adoption, foster care, family counseling, protective services, services to unwed mothers, homemaker services, return of runaway children, and interstate services. In addition, the Department is mandated to establish and maintain tax supported child welfare services and to seek to improve voluntary services throughout the state. (Ill. Rev. Stat. Chapter 23, Sec. 5005)

The Department shall investigate cases of child abuse, malnutrition, neglect or injury reported under the Abused and Neglected Child Reporting Act and shall offer protective social services to prevent further abuses to the child, to safeguard the child's welfare, and to preserve and stabilize family life wherever possible. (Ill. Rev. Stat. Chapter 23, Sec. 2051 et seq.)

The Child Care Act empowers the Department to regulate, license, and issue standards for facilities for child care. (Ill. Rev. Stat. Chapter 23, Sec. 2211 et seq.)

The Department is designated to coordinate all day care activities for children in the state, to develop a comprehensive annual state plan for day care, and to provide day care services to children in low income, mobile migrant, and public assistance families. (Ill. Rev. Stat. Chapter 23, Sec. 5005)

The Interstate Compact on the Placement of Children empowers the Department through the Interstate Compact Administrator to protect the interest of children from other states being placed in this state, and of children placed by Illinois in other states. (Ill. Rev. Stat. Chapter 23 Sec. 2601 et seq.)

2

Mission

The following mission statement was made public in September, 1977.

1. To provide or assure care, protection, and services to families and children for the purpose of preventing, remedying, or assisting in solutions of problems which cause or may result in abuse, neglect, or exploitation of children or which cause or threaten the dissolution or dysfunction of the family through:

   a. Services to support and reinforce care of children by parents
      i. Sound services for children in their own homes
      ii. Child protective services for neglected, abused, and dependent children

   b. Services to supplement parental care
      i. Homemaker service
      ii. Day care service

   c. Services to temporarily or permanently substitute for parental care
      i. Foster family care
      ii. Group home care
      iii. Institutional care
      iv. Adoptive services

   d. Prevention
      Social action to improve and ensure services that will promote wholesome child development, strengthen the family, and preserve the child's own home to reduce circumstances that deprive children from obtaining optimal development.
      i. Early case finding and intervention to protect children at risk
      ii. Avoidance of unnecessary separation from parents

   e. Regulation of agencies and facilities
      i. Standard setting
      ii. Licensing

f. Community planning
Development of a full range of services and coordination with other community resources serving families and children (family services, child welfare services, mental health services, educational services, legal services, vocational counseling, training, and recruitment).

2. To coordinate all day care activities for children for the purpose of ensuring effective statewide planning, development, and utilization of resources.

3. To operate residential schools for the education of children with visual, hearing, and orthopedic handicaps who are unable to take advantage of educational facilities provided in the community; and, to provide academic, vocational, and related services as may be required.

4. To provide community services and maintain a residential training center to promote the rehabilitation of visually handicapped persons; and, to provide such services as will promote independent living to assist them to become self-supporting and responsible citizens of their communities.

Target Problems

Certain client groups can be highlighted as evidenced by increases in the DCFS caseload and by need of services. These problem areas are:

1. Children 13 years of age and older, exhibiting behavior problems -- the "troubled adolescents";
2. Child abuse and neglect cases;
3. Family stress;
4. Unmarried mothers;
5. Handicapped children;
6. Visually handicapped adults;
7. Children in need of day care.

Services

With few exceptions, the Department's services, as the agency title implies, are designed to assist children and families. These services are summarized from DCFS' State Plan in the chart below.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. SERVICES TO CHILDREN AND FAMILIES IN THEIR OWN HOMES				
a. Case Management and Support	Assurance of adequate child care thru direct interaction with professional caseworkers or counselors and trained volunteers to counsel individuals and families on alternate courses of action to achieve client goals.	Casework Case management and planning Assessment Counseling Advocacy Special support functions	Abused, dependent and neglected children and their families; Children with behavior problems and their families; Families under stress; Children referred through schools and courts; Self and other agency-referred children and their families.	Direct provision by DCFS staff; Purchase of counseling services through private agencies or individuals; Payments to advocates.
b. Information and Referral	Assistance to individuals to enable them to gain access to appropriate services.	Assessment Provision of information Assistance in applying for services or benefits.	Individuals and families in need of social services, referred by self or by other agencies.	Provided directly by Department intake staff. DCFS staff hours.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
c. Family Planning	Information counseling and educational services to enable individuals voluntarily to determine their family size, space the births of their children, and achieve optimum health for themselves and their children.	Assessment Counseling Individual and public education Referral	Individuals needing family planning counseling, with particular emphasis on those individuals for whom unwanted or early pregnancy would cause hardship.	Counseling and general educational services provided directly by Department staff. Medical services may be funded through Title XIX of the Social Security Act for those eligible and arranged through the Department of Public Aid.
d. Protective Investigation and Assessment	Assistance in response to potential, actual, or alleged neglect, abuse, or exploitation of children under the age of 18 who are harmed or threatened with harm through non-accidental physical or mental injury, sexual abuse, negligent treatment, or maltreatment by a person responsible for the child's health and welfare, including the failure to provide adequate food, clothing, and shelter.	Receipt and investigation of reports of abuse, neglect, or exploitation, including preparation of supporting documentation such as medical reports, X-rays, and photographs Assessment Counseling Initiation of court proceedings Arranging for services Referral Emergency shelter care.	Children reported to be victims of abuse and neglect and their families; children who have been adjudicated abused and neglected by the courts, and their families; children in immediate danger of either mental or physical harm.	Provided directly by Department staff; purchase of emergency shelter care and limited assessment service.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
e. Child Abuse State Grants	Funding and monitoring of specified non-DCFS services to neglected and abused children and their families. Purpose is to augment existing services and develop greater local coordination with direct provided DCFS services.	Education Counseling Emergency care Self-help groups Help lines Family supportive services.	Local communities in need of child abuse services.	Grants to public or private agencies through DCFS state program.
f. Child Abuse Federal Grants	Federal funding of projects to improve selected Department programs.	Develop and implement service delivery policies Create or strengthen state protective service specialist positions Initiate or improve central registries Develop or improve public awareness programs Improve service delivery systems.	Abused and neglected children and their families, and abuse and neglect service providers.	Federal formula grant to the state to strengthen and improve state programs; grants and contracts to public and private agencies.

SERVICE	DEFINITION	ACTIVITIES	POPULATION	DELIVERY
g. Homemakers	Teaching of and assistance in household management and personal care provided by trained and professionally supervised homemakers, to maintain and strengthen the functioning of individuals or families in their own homes where no responsible person is capable or available.	Assessment of needs Teaching and provision of home management Teaching in parenting skills Personal care and hygiene Medication supervision, therapeutic diet management, and obtaining and caring for prosthetic and medical equipment Homemaker transportation Arranging for and maintaining the service.	Families under stress because of long- or short-term illness, disability, social maladjustment, or other problems requiring assistance in the home to sustain independent living and provide proper parenting for children.	Purchase of care through Department-supervised individual homemakers; contracts with private agencies.
h. Child Welfare Day Care	Direct care and supervision of children outside the child's home for any portion of a 24-hour day to ensure that the child's custodial and developmental needs are met. Child welfare day care is provided to alleviate situations of family stress or to meet the developmental needs of the child.	Arranging for and maintaining the service Recruitment evaluation, licensing, and monitoring of day care resources Direct care Technical assistance to and training of child care staff Transportation to and from day care and related activities Meals and snacks Physical examinations, dental health screening, immunizations	Families with younger children or families with older children who require structured supervision, when adequate care cannot be provided in the home during some portion of a 24-hour day.	Contracts with private day care centers or individual day care homes; Department staff develops and monitors case plan.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
2. ADOPTION SERVICES				
a. Adoption Services	Provision of permanent homes under new legal parentage, including transfer of rights and responsibilities of the parent-child relationship.	Assessment and evaluation Individual and family counseling Case management Pre-placement and post-placement Advice and guidance Recruitment, study and evaluation of adoptive homes Pre-adoption placement Technical and legal assistance to enable adoption.	Abandoned children and/or children whose natural parent(s) are unwilling or unable to assume responsibility for their general well-being; persons wishing to legally adopt a child(ren) who meet legal and regulatory requirements.	Direct DCFS casework and supportive services; contracts with private agencies
b. Subsidized Placements	Financial assistance to eligible adopted children.	Provision of subsidies	Formerly hard-to-place children who have been adopted and for whom the Department had legal responsibility at the time of consummation. These children may be, for example, physically handicapped, mentally or emotionally handicapped, six years of age and older, and/or have other characteristics making it difficult to find suitable adoptive homes for them.	Direct DCFS payment

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
3. SERVICES TO CHILDREN OUT OF HOME				
a. Foster Care	A substitute family life experience provided in a licensed or approved home, supervised by DCFS or a private agency for children who are in need of care for a temporary or extended period.	Assessment Case management Counseling Psychological support to foster parents Care and supervision of the child Specialized services in foster homes for children having health, emotional, or behavioral problems Follow-up and readjustment assistance Recruitment, study, approval, and licensing of foster care facilities Medical and remedial care Child welfare day care Homemaker	Abused, dependent and neglected children and their families; children with behavior problems and their families; families under stress; and unmarried parents.	Payments to foster families supervised by the Department; contracts with private agencies to provide foster care.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
b. Institutional Services	Residential care and supervision provided in a structured group environment to alleviate child-centered problems and to develop the potential for return to normal community and family living.	Case management Assessment Counseling Specialized instruction and vocational training Vocational skills training Transportation Transitional assistance Medical and remedial care Residential care Periodic assessment of institutional services.	Abused, dependent, and neglected children and their families; children with behavior problems and their families; families under stress; unmarried mothers.	Directly provided through DCFS institutions; contracts with private institutions; limited amount of purchased counseling.
c. Group Homes	Alternate living arrangement under the supervision of a licensed child welfare agency which provides care for no more than 10 children.	Assessment Case management Counseling Follow-up and readjustment assistance Periodic assessment of group home facilities Medical and remedial care Homemaker assistance	Abused, dependent and neglected children and their families; children with behavior problems and their families; families under stress; unmarried parents.	Contracts with private agencies; direct casework by DCFS staff; limited amount of purchased counseling.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
4. ADOLESCENT TRAINING AND SUPPORT SERVICES	Financial support and/or education, work experience, or work training to older adolescents living independently in order to facilitate their movement toward self-sufficiency and self-support.	Assessment of needs Case planning for living arrangements Provision of or arrangement for education, vocational training, counseling, supervision, and monitoring.	Adolescents who are at least 16 years old for whom the Department has some legal responsibility and who: (1) have no family, or cannot live at home, and (2) are deemed capable of living independently.	Payments to individual adolescents; casework service provided by DCFS staff; limited amounts of purchased counseling.
5. SERVICES TO UNMARRIED MOTHERS	Assistance to unmarried parents and their families in planning for the well-being of the child and/or with financial problems related to pregnancy.	Assessment of needs of parents and child Counseling Coordination of service with other agencies Medical and remedial care Substitute living arrangements Personal and physical maintenance payments Homemaker assistance	Unmarried pregnant women who are in need of assistance in planning and securing services for themselves and their child; family of unmarried mother.	Direct provision by DCFS staff; contracts with private agencies and residential facilities; payments to foster families; and payments to women who are living independently; limited amount of purchased counseling.
6. LICENSING	Review and formal approval of private, voluntary child care facilities throughout the state, including child welfare agencies, child care institutions, foster family homes, group homes, and night and day care homes and centers, to insure specified requirements are met and to maintain health and safety standards.	Development of standards Review of applications Issuance of new licenses; recertification Monitoring Revocation of license where necessary	All licensed child care facilities or individuals providing child welfare services, who, by law, must operate under a license.	Direct provision by DCFS staff.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
7. LIAISON AND INFORMATION TO COMMUNITIES	Consultation with communities to develop, maintain, and coordinate a comprehensive system of local social services. The focus is on developing service delivery systems and expanding resources and programs.	Granting and monitoring contracts to service providers Establishing interagency agreements at the field level Developing service networks Providing training Technical assistance.	DCFS planning and service areas.	Department staff.
8. DAY CARE SERVICES				
a. Employment-Related Day Care	Direct care and supervision of children outside the child's home for any portion of a 24-hour day to insure that the child's custodial and developmental needs are met.	Direct care and supervision Preschool developmental care Maintenance and support services.	Title XX income-eligible families with preschool or school-age children.	Contracts with day care centers.
b. Migrants	Child care in an approved day care center or home designed to meet the needs of migrant families when parents must be away from home because of seasonal, agricultural employment.	Direct care and supervision Preschool developmental care Maintenance and support services.	Mobile migrant families living in designated areas of the state where migrant employment opportunities exist; families who leave the area of established residency on a seasonal basis to seek agricultural or related employment.	Contracts to day care centers

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
c. Day Care Support	Provision of specialized staff resources to assist in developing, implementing and assessing day care services.	Recruitment, licensing and monitoring Technical assistance and training Statewide day care planning.	Day care/night care homes and centers.	Direct Department provision.
9. SERVICES TO BLIND				
a. Illinois School for the Visually Impaired	Provision of residential, educational, and related services for visually impaired and deaf-blind children who cannot be served appropriately in their home communities.	Assessment Education to augment public school systems Specialized training in motor, mobility, and communication skills, personal care and home management Social services Routine medical and dental services.	School-aged visually impaired children who cannot obtain appropriate educational services in their local school districts.	Provided directly by DCFS.
b. Community Services for the Visually Handicapped	Provision of rehabilitation services to persons with severe visual impairments to enable the individuals to remain in their own homes or in their communities.	Assessment Case management and support Training in home management, mobility, and communication skills Crafts and leisure-time activities Adjustment counseling.	Adults and children with severe visual handicaps who reside in Illinois.	Provided directly by DCFS.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
10. SERVICES TO HANDICAPPED CHILDREN				
a. Illinois School for the Deaf	Provision of residential care, education and related service components for hearing impaired children who cannot be served appropriately in their home communities.	Assessment Education to augment public school systems Specialized training in communication skills Social and recreational services Routine medical and dental care.	School-aged hearing impaired children who are found to be eligible for admission after proper diagnosis and evaluation.	Provided directly by DCFS.
b. Illinois Children's Hospital-School	Provision of residential care, education, and related service components for orthopedically handicapped children who cannot be served appropriately in their home communities.	Assessment Education to augment public school systems Vocational training Social services Medical care	School-aged orthopedically handicapped children who are found to be eligible for admission after proper diagnosis and evaluation.	Provided directly by DCFS.
11. GUARDIANSHIP	Supervision and responsibility for children for whom the Department has legal responsibility, through the Juvenile Court or by parental surrender or by request of parent or guardian or custodian. This program is also responsible for compliance with the Interstate Compact on the Placement of Children.	Compliance with and processing of legal and regulatory reports and case documentation Insuring that each ward has an appropriate service plan Arranging for compliance with the Interstate Compact Assuring that the Department and other agencies meet their legal obligations.	Wards of the state and children placed outside their home states.	Direct Department provision

Directions for Fiscal Year 1979

The following points summarize the Department's major objectives for fiscal year 1979:

1. Continue to increase and imporve efforts to support the functioning of the natural family;

2. Share more of the Department's responsibility for foster care with the private sector;

3. Strengthen the Department's case management role in foster care and improve foster care;

4. Develop reasonable and equitable rate structure for purchased substitute care;

5. Move administrative and fiscal control closer to actual service delivery;

6. Encourage self-sufficiency in older adolescents.

DEPARTMENT OF CORRECTIONS

1

Mandate

The Illinois Department of Corrections acts under the Unified Code of Corrections with the following powers and duties as mandated by the Illinois Revised Statutes, Chapter 38, Section 1003-2-2:

Accepts persons committed to it by the courts of this State for care, custody, treatment and rehabilitation.

Develops and maintains reception and evaluation units for purposes of analyzing the custody and rehabilitation needs of persons committed to it; and, assigns such persons to institutions and programs under its control, or transfers them to other appropriate agencies.

Maintains and administers all State correctional institutions and facilities under its control and establishes new ones as needed.

Develops and maintains programs of control, rehabilitation and employment of committed persons within its institutions.

Establishes a system of supervision and guidance of committed persons in the community.

Maintains records of persons committed to it and establishes programs of research, statistics and planning.

Investigates the grievances of any person committed to the Department and inquires into any alleged misconduct by employees.

Appoints and removes the chief administrative officers, and administers programs of training and development of personnel of the Department.

Cooperates with other departments and agencies and with local communities for the development of standards and programs for better correctional services in this State.

Establishes rules and regulations for administering a system of good conduct credits established in accordance with section 3-6-3, subject to review by the Prisoner Review Board.

2

Mission

The Illinois Department of Corrections seeks to provide an effective, efficient, and equitable system of criminal justice and to promote the public safety by:

Administering sanction of the law in a just and humane manner,

Providing opportunities for the offender to develop alternatives to unlawful behavior, and

Facilitating the offender's successful reintegration into the free community.

3

Target Problems

There has been a dramatic increase in the adult prison population in the past few years, with that increase projected to continue. The juvenile caseload, in contrast, has remained relatively stable. As a result, the Juvenile Division is able to focus on improving and expanding current services, developing alternatives to institutionalization, and upgrading the quality of the institutional environment.

Services

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. Administration				
a. Central Office	Coordination of internal services which are common to all divisions in order to ensure efficiency and effectiveness of operations.	Computer and microfilm information systems. Program consultation. Personnel payroll. Internal audit. Management service. Fiscal control.	(Not Given)	(Not Given)
b. Corrections Training Academy	Provision of education and training services in order to develop and upgrade the skills of persons employed by State or local correctional programs.	Pre-service training for specialized functions. In-service training. Student intern training. Evaluation of training programs.	Department personnel; newly hired correctional officers; correctional educators; student interns; county jail personnel.	(Not Given)
c. School District #428	A separate school district which provides required basic education to younger juveniles and academic and vocational training to older juveniles and adults who reside in DOC facilities.			

64

65

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1) Juvenile Academic	Educational services which offer a range of academic programming from basic literacy to higher education.	Remedial education. GED preparation. College preparation.	All persons under Juvenile Division supervision who are in need of basic education, remedial instruction, or other academic training.	Directly by staff; purchased from local school districts.
2) Juvenile Vocational	Training designed to provide job-related skills in order to enchance employment opportunities.	Classroom studies. Job experience. Employment Counseling.	All persons under Juvenile Division supervision who are in need of vocational training.	Directly by DOC staff.
2. Juvenile Community-Based Programs	Supervised release program assisting persons who have been discharged from a correctional institution to function at their best potential in the community and to achieve self-sufficient and law abiding behavior.	Supervision by parole officers. Personal adjustment counseling. Employment counseling and referral.	Total number of Juveniles in DOC facilities.	Direct by DOC staff.
a. Community Supervision				
b. Residential Care in Community	Placement in community-based residential centers near a youth's home as an alternative to institutionalization.	Personal Adjustment Counseling. Educational and Vocational Assistance. Supervision. Medical Care. Residential care.	Those juveniles who could benefit from a non-institutional placement.	Direct by DOC staff.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
c. Transitional Placement	Placement in a group or foster home providing day-to-day guidance and supervision as an alternative to institutionalization.	Counseling. Assessment of the youth's personality adjustment. Needs assessment of the natural family and the foster care-takers. Residential care. Medical care.	Those juveniles who could benefit from a non-institutional placement other than their parents' homes.	Purchase through contracts with private individuals or agencies.
d. Unified Delinquency Intervention Services (UDIS)	A cooperative program with juvenile courts to divert youths from institutional commitment to community-based programs -- "last resort" placements for youth who would otherwise be incarcerated in a DOC facility.	Group homes and foster care. Counseling and Advocacy. Tutoring. Other community services.	All youths who could be placed in an institutional environment.	DOC staff works with courts and arranges for services; purchase from community agencies.
3. Juvenile Institutions	Provision of basic maintenance and direct care in order to sustain humane living conditions in Department institutions.	Food, clothing, housing. Religious services. Recreation and leisure-time activities.	All inmates residing in juvenile institutions.	Direct by DOC staff.
a. Residential Care				

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
b. Security Services	Security coverage to: 1) protect residents from harming, or being harmed by, others; and, 2) prevent escape.	Supervision. Custodial care.	All inmates residing in juvenile institutions.	Direct by DOC staff.
c. Medical Services	Comprehensive health care to diagnose and treat the medical needs of incarcerated youth.	Dental care. Specialized medical care. Treatment for other physical health problems. Routine check-ups.	All inmates residing in juvenile institutions.	Direct by Department staff; contracts with private physicians and health care specialists.
d. Clinical Services	A comprehensive mental health program to improve personal and social functioning and to alleviate emotional disturbances.	Diagnosis of problems. Individual, group, and family counseling. Short-term treatment.	All inmates residing in juvenile institutions.	Direct by Department staff; contracts with private psychiatrists.

70

71

Directions for 1979

As a result of decreased intake, the Juvenile Division has been able to focus attention on expanding juvenile services, exploring alternatives to institutionalization, and upgrading the quality of the institutional environment.

To improve residential facilities, four cottages will be replaced at St. Charles and a new unit will be added to the Youth Center at Kankakee.

Both institutional and community services are being delivered through common Field Services regions, thereby enabling DOC to serve youths closer to their own homes.

Within institutions, a greater emphasis will be placed on provision of "enrichment" services to incarcerated juveniles. Family counseling services will be expanded and more opportunities provided for educational and vocational training.

The Unified Delinquency Intervention Services (UDIS) project will continue to work with courts to divert youths who would otherwise be committed to the Department by providing viable community-based services.

In summary, the Juvenile Division needs to maintain supervision intensity, its successful integration of community services, and its localized service delivery system.

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

Introduction

Materials presented below are excerpted from the Five-Year Plan prepared by this Department under the mandate of P.A. 78-1238. P.A. 79-1035 passed the following legislative session, required the Department's plan to relate to the other human service agencies', but did not require the Department to engage in the same process. An Advisory Council on the Five-Year Plan was utilized to provide input and review as the Department's work proceeded.

The State is divided into seven major Regions for administrative purposes, with each of these further divided into subregions and planning areas.

1

Responsibilities

The Department's mandate is specific with regard to state-operated residential services, aftercare, monitoring and detoxification. It is permissive as to the Grant-In-Aid Program through which the growth of community-based services is fostered.

2

Target Problems

Below are listed the populations the Department serves, with priority needs defined for each.

a. Mentally ill persons.

1. Currently active residential cases;
2. Those having received treatment in a residential facility;
3. Persons lacking appropriate community programs; these are usually diagnosed as, schizophrenic, manic depressive, organic brain diseased;
4. Emotionally disturbed and mentally ill children and adolescents, hospitalized for psychiatric disorders or at risk of community extrusion.

b. Developmentally Disabled.

1. Persons who have been in institutions, or are at risk of institutionalization;

2. Children and adolescents, and residents of community long-term care facilities;
3. Currently active residential cases;
4. Persons having received treatment and care in the Department's residential facilities.

c. Alcoholics.

1. Persons brought by police to detoxification facilities;
2. Those hospitalized, or at risk of community extrusion.

To the extent that children present these problem characteristics, they are eligible for services, as appropriate to their age and status.

Services for children and adolescents vary widely from community to community, for children's services have not been so readily developed as have adult services. Providing for missing services according to Regional needs presents a continuing problem.

Additionally, the Advisory Council pointed out the problem of maintaining the current twenty-eight institutions, given the declining inpatient population and with resources needed for other services.

3

Services Status

Because DMHDD did not develop its written plan under the same guidelines as did the other agencies, its services were not set forth in a like comprehensive listing and can not be shown by the same outline.

The Department lists its own responsibilities for services to children and youth as being the development of a wide range of services in each Region, these to include:

Twenty-four hour emergency services;
Crisis intervention;
Home intervention and training;
Family-based intensive outpatient treatment;
Day treatment;
Short-term hospitalization
Long-term hospital services;
Intermediate residential care, foster and group homes;
Aftercare and follow-up services;
Support, consultation and training with and for community agencies to develop appropriate services;
Work with other state agencies to develop appropriate services.

Assisting clientele to access other services for which they are eligible and are in need is a service role the Department specifically

states for its personnel.

4

Future Directions

Priority considerations in the next few years are projected to be given to persons with the most severe disabilities. Operationally, this decision to concentrate financial resources on the most severely disabled means the Department's efforts will be to:

1. Provide directly treatment and care for people who cannot be so effectively treated and cared for in community-based programs and facilities;
2. Fund primarily community-based programs and services to the extent these treat and care for this priority population;
3. Provide purchase care primarily to enable people with severe problems and disabilities to obtain essential treatment and care.

Although the above represent priority directions, the less severely impaired will not necessarily be excluded. Both the Department and the community provider agencies have the responsibility to serve all persons requesting help, whether by placement or by referral.

Institutionally, physical environment and program quality in State facilities will be upgraded and maintained to meet JCAH standards.

Low-income communities, because of greater lacks in resources to provide services, will receive priority for technical assistance, guidance and training offered by the Department.

5

Issues

Below are listed child and adolescent populations that DMHDD feels should be served specifically, in a manner distinct from the adult population.

"Vulnerable" children, or children with an assessed potential for developing mental illness due to developmental or environmental problems:

1. Those three-year old and older children detected by the age three evaluation programs of Boards of Education as being in need of mental health services;
2. Young children detected by public clinics, private hospitals or other public or private agencies, who display a potential for the development of emotional disturbances
3. Those young children that could be detected by a DMHDD program focussing on early screening and prevention.

DMHDD does not currently have a consistent organization and fiscal structure which is allocated to the problems of children and adolescents, but plans are in process to remedy this deficiency.

DMHDD is currently exploring the question of whether there should be an irreducible minimum of services provided or supported in all areas of the state, to remedy the variable availability of children and adolescent services from community to community.

The Department feels that its future directions can include an emphasis upon:

1. Primary prevention;
2. Case finding;
3. Early intervention;
4. Emphasis upon more extensive diagnosis and comprehensive treatment of young children in community-based programs;
5. Development of more comprehensive follow-up programs for all children and adolescents treated or evaluated by DMHDD or DMHDD-funded programs;
6. Development of more intensive consultation and education programs for the community, to alert people to early indications of child and adolescent emotional problems and to the availability of appropriate community resources.

DEPARTMENT OF PUBLIC AID

1

Mandate

Under the Illinois Public Aid Code, the Department of Public Aid is charged with the responsibility for services that will encourage and assist individuals to "develop their self-reliance and realize their capacities for self-care, self-support and responsible citizenship. Maintenance and strengthening of the family unit shall be a principle consideration in the administration of the program."

Federal statutory provisions outline additional requirements for planning and development of programs, so that these may be in compliance with Federal mandates, and eligible for Federal financial participation.

The Department of Public Aid has been designated as the State agency with authority to administer Illinois' Title XX program. Title XX of the Social Security Act provides for reimbursement to states for identifiable social services provided to low-income families and individuals.

State and Federal statutory provisions delineating the powers and duties of the Department are as follows:

Federal,

Public Law 93-647, Social Service Amendments of 1974 (Title XX);
Title 45, Code of Federal Regulations, Section 228 (Title XX);
Social Security Act, Title IV, Parts A and C (WIN);
Title 45, Code of Federal Regulation, Section 224 (WIN);
Title 29, Code of Federal Regulations, Section 56 (WIN);
Social Security Act, Title XIX (Medicaid);
Title 45, Code of Federal Regulations, Sections 246, 248, 249, 250, 251, 252 (Medical Assistance);

State,

Chapter 23, Illinois Revised Statutes (Public Aid Code).

DPA is administratively organized into eight Regional offices. Cook County is subdivided into four offices, while each of the 101 other counties is assigned to one of the four remaining Regional offices.

2

Mission

The purpose of the Illinois Department of Public Aid, as identified in the Public Aid Code, is to assist "in the alleviation and prevention of poverty" and protecting and promoting "the health and welfare of all the people of this state."

3

Target Problems

The persons served by the Department of Public Aid are those who would not otherwise have sufficient income for basic health and financial needs and a reasonable standard of living. The specific problems addressed are the inability of these individuals and families to purchase necessary food, clothing, shelter, personal essentials, and medical care.

By far the largest group served consists of families with one parent dead, absent, or incapacitated, or with an unemployed father. The second group consists of individuals who are aged, blind, or disabled. The third major group consists of individuals and families who do not meet the criteria for either of the first two groups, but who nonetheless have needs which they are unable to meet through their own income and resources.

Services

Most DPA services go indirectly to children, through the families of which they are a part, except where minors as individuals fall within an eligible category.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. Income Assistance				
a. Aid to the Aged, Blind or Disabled (AABD)	To provide eligible individuals with financial assistance sufficient to enable them to meet basic maintenance requirements for a livelihood compatible with health and well-being.	DPA staff determine eligibility, authorized assistance.	Needy individuals determined to be aged, blind or disabled, as defined by the Social Security Administration.	Warrant to a client; or, payment to a vendor.
b. Aid to Families with Dependent Children (AFDC)	To maintain and strengthen family life by providing financial assistance to eligible families.	DPA staff determine eligibility, authorized assistance.	Needy families with one or more dependent children whose dependency is based on the absence or incapacity of a parent or the unemployment of the children's father; children placed in foster care by DCFS as a result of judicial determination.	Warrant to a client; or, payment to a vendor.
c. Cuban Refugee Program	To provide sufficient financial assistance to individuals and families to enable them to meet basic maintenance requirements for a livelihood compatible with health and well-being.	DPA staff determine eligibility, authorized assistance.	Needy Cuban refugees and their families who are ineligible for categorical assistance programs.	Warrant to a client; or, payment to a vendor.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
d. Food Stamps	Assistance to low income individuals and families to enable them to purchase food of sufficient quality and quantity for good nutrition and good health.	DPA staff determine eligibility, authorize assistance.	Individuals and families whose low income would otherwise limit food purchasing power and contribute to hunger and malnutrition.	"Authorization to Purchase" mailed to client; client uses it to purchase food stamps; food stamps used for food purchases.
e. General Assistance (GA)	To provide sufficient financial assistance to individuals and families to enable them to meet basic maintenance requirements for a livelihood compatible with health and well-being.	In Chicago, DPA staff determine eligibility, authorize assistance.	Needy families and individuals who for non-financial reasons are not eligible for assistance under any of the federally funded assistance programs.	Warrant to a client; or, direct payment to a vendor.
f. Individual and Family Grant Program	Financial assistance is provided to meet the serious needs and necessary expenses of victims in Presidentially declared disasters.	Determination of eligibility and issuance of assistance in accordance with the State Administrative Plan for this program.	Individuals and families who have suffered losses as a result of Presidentially declared disasters.	Warrant payable to the recipient.
g. Indo-Chinese Refugee Program	Financial assistance to individuals and families to enable them to meet basic maintenance requirements for a livelihood compatible with health and well-being.	DPA staff determine eligibility and authorize assistance	Needy Vietnamese, Laotian, and Cambodian refugees and their families who are ineligible for categorical assistance programs.	Warrant to the client; or, direct payment to a vendor.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
h. Repatriate Assistance	Financial assistance to meet needs immediately following a repatriate's return to the United States, usually no more than 90 days.	DPA staff determine eligibility and authorize assistance upon referral by DHEW staff.	Needy U.S. citizens and their dependents who have been returned to the U.S. by the U.S. Department of State because of destitution, illness, insanity, threat of war, or other crisis.	Warrant to the client; or, direct payment to a vendor.
i. Support Enforcement	To obtain support payments for children from their absent parents.	Establishing paternity of children born out of wedlock. Attempts to locate absent parents. Obtains court orders for child support. Refers parents who are delinquent in child support payments to the courts for legal enforcement.	(1) AFDC clients whose children's eligibility is based on absence of a parent, and (2) residents of Illinois who care for child(ren) whose parent(s) are absent and not supporting.	DPA directly administers the Support Enforcement Program.
2. Medical Assistance Program				
a. Group Care Services	To provide payment for group care services when required because of the individual's medical and/or social situation.	DPA staff determine need for services and authorize payment. DPA receives bills and issues payment.	An individual who has been approved for AABD, AFDC, GA, MANG, or AMI.	Warrant to the vendor.

83

84

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
b. Home Health Care	To provide payment for home health care services when required by an individual's medical condition.	DPA staff determine need for services and authorize payment. The Department receives bills and provides payment.	Recipients of AFDC, AABD, and MANG are eligible for payment of home health care services.	Warrant to the vendor.
c. Hospital In-Patient	To provide payment for medical care which is required because of disease, disability, infirmity, or impairment.	Department staff determine eligibility. Department receives medical bills and makes payment.	Recipients of AFDC and AABD are eligible. Also eligible are individuals who have been approved for MANG (Medical Assistance - No Grant) or AMI (Aid to the Medically Indigent).	Warrant to the vendor.
d. Hospital Out-Patient and Clinic	To provide payment for medical care which is required because of disease, disability, infirmity, or impairment.	Department staff determine eligibility. Department receives medical bills and makes payment.	Recipients of AFDC and AABD are eligible. Also eligible are individuals who have been approved for MANG (Medical Assistance - No Grant) or AMI (Aid to the Medically Indigent).	Warrant to the vendor.
e. Practitioners	To provide payment for medical care which is required because of disease, disability, infirmity, or impairment.	Department staff determine eligibility. Department receives medical bills and makes payment.	Recipients of AFDC and AABD are eligible. Also eligible are individuals who have been approved for MANG (Medical Assistance - No Grant) or AMI (Aid to the Medically Indigent).	Warrant to the vendor.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
f. Prescribed Drugs	To provide payment for medical care which is required because of disease, disability, infirmity, or impairment.	Department staff determine eligibility. Department receives medical bills and makes payment.	Recipients of AFDC and AABD are eligible. Also eligible are individuals who have been approved for MANG (Medical Assistance - No Grant) or AMI (Aid to the Medically Indigent).	Warrant to the vendor.
3. Social Services a. Chore and Housekeeping	Assistance with household tasks or personal care of the client in his or her home by a household employee under the supervision of the client or other responsible person.	Assessment. Arranging for and maintaining the service. Housekeeping tasks and laundry. Shopping and errands for household supplies and other essentials. Meal preparation. Escort to medical care and other services. Assistance with personal care and hygiene. Supervision of adults or children. Simple household repairs.	SSI/SSP and AFDC recipients and GA recipients in Chicago who need help with personal care or household tasks because of illness, infirmity or disability and have no one available to provide the assistance.	Staff assesses need, assists in arranging for services, client contracts for services.

87

88

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
b. Day Care for Children or Adults in Education, Training or Employment	Direct care and supervision of children inside or outside the child's home for any portion of a 24-hour day in order to enable parent(s) or caretaker(s) to participate in employment or in an approved education or training program.	Arranging for and maintaining the service. Direct care, including recreation and education. Transportation to and from day care and related activities. Snacks and meal(s).	Children who receive SSI/SSP or AFDC or are GA recipients in the City of Chicago and require care while their parents or other caretakers are employed or in education or training.	Staff arrange service and monitor continuing need. Care is provided in public or private day care centers, day care homes, in the child's own home or in the home of a relative.
c. Day Care for Other Reasons	Direct care and supervision of children inside or outside the child's home for any portion of a 24-hour day to insure that the child's custodial and developmental needs are met.	Arranging for and maintaining the service. Direct care, including recreation and education. Transportation to and from day care and related activities. Snacks and meals.	Children who receive SSI/SSP or AFDC or are GA recipients and are in need of care for a portion of a 24-hour day due to the temporary absence of the caretaker relative.	Staff arrange service and monitor continuing need. Care is provided in public or private day care centers, day care homes, in the child's own home or in the home of a relative.
d. Education and Training	Assistance in acquiring academic or vocational skills to enable individuals to obtain, retain or improve employment, not available without cost in the public school system.	Assessment of client's needs. Educational counseling. Arrangement for or provision of work orientation, adult basic education, General Education Development (GED) education, literacy training, vocational training and other occupational and rehabilitation training or activities such as secondary work experience or post secondary education programs.	SSI/SSP recipients, caretaker relatives and their spouses receiving AFDC, and recipients of GA in Chicago, who need education or training services to assist them in becoming employable.	Casework staff assess clients' needs, arrange for appropriate service.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
		Payment of mandatory tuition and fees. Payment of necessary expenses. Relocation to allow access to educational opportunities. Required pre-education or pre-training physical examinations and minor remedial treatment.		
e. Employment Assistance	Assistance to enable individuals to obtain, retain or improve employment.	Assessment of needs. Referral of individuals to WIN, CETA and other resources. Full or partial payment of initial employment expenses. Relocation of individuals and families to allow access to employment. Required pre-employment physical examinations and minor remedial treatment.	Recipients of SSI/SSP and AFDC, and recipients of GA in Chicago.	Agency staff assess clients' needs, refer them to appropriate resources. Payment of necessary expenses through payment to a vendor or grant to the recipient.
f. Health Support Service	Assistance to enable individuals to obtain and maintain a favorable condition of health, by helping them to identify and understand their health needs and to obtain and utilize necessary medical treatment.	Assessment of need. Referral and follow-up to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Arranging for necessary care.	SSI/SSP and AFDC recipients, and recipients of GA in Chicago	Agency staff provide assessment of need and referral to appropriate resources.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
g. Home and Financial Management	Instruction in personal financial management and household maintenance and management.	Assessment of needs. Arrangement for and provision of training in household management, budgeting, maintenance and care of the home, food preparation, nutrition, consumer education, child rearing and health maintenance. Budget management on behalf of an individual or family.	SSI/SSP and AFDC recipients and recipients of GA in Chicago.	Casework staff
h. Homemaker	Teaching of and assistance in household management and personal care.	Assessment of needs. Teaching and provision of home management. Teaching parenting skills. Medication supervision, therapeutic diet management, and obtaining and caring for prosthetic and medical equipment. Homemaker transportation. Arranging for and maintaining the service.	SSI/SSP recipients and GA recipients in Chicago who require personal care or home management services because of illness, disability or infirmity. Families receiving AFDC or GA in Chicago who need the services of a homemaker because of the inability of the caretaker to provide care.	Staff assess need, assist in arranging for service, provided by agency homemaker staff or purchase of service with homemaker agencies.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
i. Housing Improvement	Assistance to individuals and families in acquiring or maintaining safe, healthful and affordable housing.	Assessment of client's housing needs. Work with landlords and others to upgrade sub-standard housing. Assistance in locating suitable, adequate and affordable housing. Referral of clients to existing resources for housing repairs. Relocation of individuals and families to suitable housing.	SSI/SSP and AFDC recipients and GA recipients in Chicago who are residing in inadequate or unsuitable housing.	Direct by casework staff.
j. Information and Referral	Assistance to individuals to enable them to gain access to appropriate service; may also include outreach activity.	Brief assessment of individual's needs. Provision of information about Title XX and related programs. Assist persons in applying for benefits. Follow-up may be included. Outreach may be initiated and provided. Program related public information efforts.	General population.	Agency staff.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
k. Protective Investigation and Assessment for Children	Assistance in response to potential, actual or alleged neglect, abuse or exploitation of children under the age of 18 who are harmed or threatened with harm.	Assessment. Counseling. Initiation of steps for court proceedings. Arranging for appropriate services. Referral to service providers.	Persons in the general population.	Agency staff.
l. Social Adjustment and Rehabilitation	Direct interaction to an individual, family or group providing therapeutic assistance in coping with personal problems and improving social functioning.	Casework activities related to assessment of need. Formal and informal group experiences. Personal counseling. Advocacy. Medication supervision and diagnostic assessment. Room and board may be included for not more than six months.	SSI/SSP and AFDC recipients and recipients of GA in Chicago experiencing personal or family problems.	Caseworker staff; when determined to be appropriate, camping experiences are provided in established programs.
m. Transportation	Assisting persons in making arrangements for travel to and from community resources.	Assessment of needs. Assisting individuals in making arrangements. Provision of or arrangements for special modes of transportation when needed.	SSI/SSP and AFDC recipients and recipients of GA in Chicago.	Agency staff.

Directions for 1979

The Department of Public Aid will address several major issues in fiscal year 1979 in the areas of income assistance, medical assistance and social services.

1. In the area of income assistance, the Department recognizes the need to meet income assistance recipients' increased costs of living, balanced by expanded efforts to reduce abuse and to heighten recipients' self-sufficiency and participation in the economy. In addition, there is a need to provide adequately for those who may never be able to develop economic self-sufficiency due to physical or mental handicaps.

2. In the area of medical assistance, the Department recognizes the need for equitable rates for provider reimbursement, balanced by increased efforts to reduce and eliminate vendor fraud and abuse.

3. In the area of social services, three major issues are discussed in some detail: self-support activities; home and community services; and, administrative concerns re the Title XX program and the administration of services within the Illinois Department of Public Aid (IDPA).

a. Self-Support Services.

The dual problem of eliminating barriers to training and employment, and helping to motivate public aid recipients to make the most of available opportunities requires an increased staff commitment by IDPA.

Department efforts in Self-Support will encourage improved efficiency in the Work Incentive Program (WIN) and increased coordination with existing manpower and vocational education programs.

b. Home and Community Services.

Children whose caretaker relatives are temporarily away, older persons living alone, or the disabled can often remain in a non-institutional setting if the proper mix of social, health, and personal care assistance is available.

Concerns also continue relative to the coordination of day care across DCFS and the Department of Public Aid; the appropriateness of the current Department of Public Aid payment and control procedures for non-center care; and, the adequacy of current center and non-center reimbursement rates.

c. Social Services Administration.

Fourteen state agencies provide services which are a part of the Title XX network. Federal reporting requirements are considerable under Title XX.

The existing system of recording and generating information concerning service eligibility and provision requires upgrading for federal reporting purposes, as well as for the Department of Public Aid managerial purposes. Finally, as a result of federal financial sanctions, revisions are necessary in the Department of Public Aid payment for providing transportation, non-center day care and other services.

DEPARTMENT OF PUBLIC HEALTH

1

Mandate

The general supervision of those factors influencing the health of the people of Illinois is the stated purpose of the Illinois Department of Public Health. The Department's overall legal authority and responsibility in achieving its purpose are contained in the Illinois Civil Administrative Code as well as specific state statutes.

The executive officer of the Department is the Director of Public Health who is appointed by the Governor with the advice and consent of the Senate.

The Department is made up of five offices. They are the Office of Management Services; Health Finance; Health Services and Local Health Administration; Health Facilities and Quality of Care; and Environmental Health. Each of these offices is headed by an Associate Director who is responsible to the Director of Public Health.

There are eight sub-state regions for service delivery and planning. Where there are no local health departments, these offices provide some limited direct services.

2

Mission

The primary concern of the Department is with the preservation of health and the prevention of disease for the residents of the State of Illinois.

Target Problems

As the population increases, and becomes more urbanized, and as technology increases, the need of the people for preventive and protective programs becomes more acute. With limited public resources, and growing demands, the need to provide these services as efficiently as possible becomes more acute, too.

4½ million Illinois people below the median income, but not eligible for public assistance by reason of income, are exposed to the risks of neglecting health care because of its cost.

490,000 persons live in one region of the state where there is a serious shortage of physicians, hence limited access to the health care system. Twenty-five counties of the state, with a total population of 373,000, have been determined to be medically underserved in their entirety. Fifty-three additional counties, with population totalling 3,826,800, contain significant underserved portion. Substantial areas of Chicago are without acceptable access to medical care. Many citizens do not have access to dentists.

SERVICES

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. MANAGEMENT AND ADMINISTRATIVE SUPPORT				
a. Management and Administration	Support elements necessary and common to all of the Department's activities.	Internal auditing; budgeting and fiscal control; health information and education; warehousing and inventory; copy center; mail handling; procurement; space needs and control employee and labor relations; personnel transactions; affirmative action; management policy; legal consultation; legislative liaison.	Not applicable	Not applicable
b. Education and Information	Educational and informational staff services to programs and activities conducted by DPH and other state and local agencies.	Not given	State and local agencies and organization	Direct by staff

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
2. VITAL RECORDS	Vital Records are maintained for legal purposes, to provide certified copy service to the general public and as a source for studies dealing with disease morbidity and mortality.	Registration Collection Preservation Amendment and certification of all records of birth, death, fetal death, marriage, divorce, and annulment occurring in Illinois.	The general public.	Department staff.
3. PUBLIC HEALTH LABORATORIES	Provision of accurate health-related analyses to eligible agencies and individuals.	Laboratory support to disease control programs Microbiological, chemical and radiochemical laboratory support Toxicology laboratory support Consultation, training and evaluation services	Eligible agencies, offices and persons.	DPH staff at three centers.
4. HEALTH PLANNING COORDINATION	Leadership as the designated State Health Planning and Development Agency.	Coordinate health planning activities of the state; implement the State Health Plan and plans of the 11 HSA's.	Health planning agencies.	Direct grants to HSA's

SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
5. FAMILY HEALTH				
a. Rheumatic Fever	Prevention of rheumatic fever recurrence.	Provides prophylactic, antibiotic and chemo-therapy agents tri-monthly to low income individuals; Maintains a registry of patients; Follow-up service.	All residents of Illinois who are determined to be at risk and whose income is less than 125% of the poverty level.	Direct provision
b. Family Planning	Assistance on a voluntary basis to allow families to plan new births.	Physical examination Patient education Contraceptives Infertility counseling	Women of child-bearing age whose family income is at or below twice the poverty level, or who are unable to receive services.	Agency grants
c. Sudden Infant Death Syndrome	Network of services for 95 counties in the state.	Identification of SIDS deaths; Training and education programs Counseling for families who have lost a child to SIDS.	All families who have children under the age of one living in the project area.	Direct provision

SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
d. Project for Improved Pregnancy Outcome	Coordinate the efforts of private care providers, public and private agencies and special care agencies in providing quality prenatal and post partum medical care to mothers and infants at risk.	Coordination	High risk mothers and infants who reside in Chicago and Tri-Quandri geographic areas.	Grants to public agencies.
e. Mental Retardation	Comprehensive inpatient and outpatient health service.	Medical, dental, social, psychological and educational care.	Children who have developmental disabilities and cannot secure needed services either because of low income or unavailability of services.	Public agency grants.
f. Perinatal Program	Comprehensive and intensive highly specialized care to high risk mothers and infants.	Admission; medical and supportive care; financial support.	Pregnant women and infants who are professionally determined to be high risk.	Purchase from public and private agencies
g. Children and Youth Health Care	Comprehensive health and dental care.	Not given	Infants and children through 18 years of age residing in three low income areas in Chicago, Lawndale, Near North and Woodlawn.	Public agency grants.

SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
h. Vision and Hearing	Screening for defects and follow-through to those in need.	Training, screening and rescreening, Counseling Monitoring Coordinating special education.	All children in preschool and designated grade levels	Direct
i. Women, Infants, Children Nutrition Program (WIC)	Health-nutrition program designed to improve health and nutrition of low-income families.	Health assessments; nutrition education and counseling; monthly food prescription.	Pregnant and lactating women, infants and children to age five, of low income families, who are professionally determined to be at nutritional risk.	Grants to public and private agencies.
j. Phenylketonuria (PKU)	Detection of PKU and follow-through to identifies cases.	Monitors the blood testing; refers suspected cases for diagnosis; provides the dietary product to diagnosed cases; maintains a registry.	All infants born in Illinois.	Direct provision.
k. Medichek	Early Periodic Screening, Diagnosis and Treatment (EPSDT).	Periodic screening IDPA is responsible for payment and follow-up diagnosis and treatment.	All Medicaid eligible children under 22 years of age whose age category qualifies them for screening exams.	Public and private agency purpose.

SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. Maternal and Infant	Prenatal care to low income pregnant women, total maternity care for the high risk pregnant women and follow-up health care for high risk infants during the first year of life.	Prenatal care; total maternity care; follow-up health care	Pregnant and post partum women and high risk infants residing in low income areas throughout Chicago.	Public agency grants.
6. DISEASE CONTROL				
a. Hemophilia	Program to eliminate reduce the incidence of morbidity and mortality attributable to selected diseases.	Surveillance; Prevention; Treatment	All persons suffering from hemophlia as well as those who are carriers of this trait.	Private agency purchase.
b. Communicable Disease	Prevention and control of communicable diseases.	Surveillance; Diagnosis; Treatment.	Not given	Direct provision.
c. Cervical Cancer	Papanicolaou testing to be provided by local health agencies to women in the target population who request the service.	Counseling and referral Outreach services.	All women 16 years of age and older who have not had a papanicolaou test within one year.	Public and private agency grants.

SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
d. Lead Poisoning	The Lead Poisoning program provides detection of children who may have excessive absorption of lead, insures medical evaluation, and causes the individual's environment to improve by removing the lead hazard.	Screening registry; surveillance; coordinated follow-ups.	Children 1-6 statewide who may be exposed to lead poisoning.	Direct provision
e. Tuberculosis Control	Prevention and treatment of tuberculosis.	Financial assistance; Program consultation.	Statewide, including Illinois residents and transients frequenting the State of Illinois.	Direct provision; private agency grants.
f. Venereal Disease	Comprehensive screening program for venereal diseases.	Laboratory support; interviewing; investigating assistance; antibiotics; financial support for diagnosis and treatment of selected cases; education materials; technical assistance.	Total Illinois population outside of Chicago.	Private and public agency purchase; direct provision.

SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
g. Immunization	Provision of vaccines to the public through local health departments and other health service agencies to protect communities from measles, rubella, mumps, polio, diphtheria, tetanus, pertussis, and influenza.	Provision of vaccines; information; technical assistance;	All Illinois citizens, primarily children ages 0-12.	Direct provision.
h. Diabetes	Services to improve outcome of care.	Monitoring Coordinating.	Persons with diabetes.	Direct provision
7. EMERGENCY MEDICAL SERVICES				
a. Patient transfer	Transfer of patients to facilities designed to treat their unique conditions.	Movement of patient to appropriate facility.	Persons inflicted with one or more of target problems.	Direct provision
b. Rape	Assistance to victims of rape.	Medical and sociological counseling Subsidies for patient treatment.	Women in need of rape counseling.	Grant and private facilities; Direct provision.

SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
8. DENTAL HEALTH				
a. School Dental Health	Program providing education to motivate individuals to practice self-care and seek routine dental examination and treatment.	Education; Prevention; Motivation;	Children 4-10 years of age who are provided with the service at least 3 times during these years.	Direct provision.
b. Mobile Dental Van	Services to areas suffering a lack of dental health care.	Conducts programs, studies, recruitment and public relations efforts; consults with other state and federal agencies, the Illinois State Dental Society, the American Dental Association.	Not given	Not given
9. OFFICE OF ENVIRONMENTAL HEALTH				
a. Milk, Food, Drugs, Cosmetice	To insure that the public's food supply, is wholesome, unadulterated, truthfully labeled, disease free, and that medications are effective and safe.	Inspection; Consultative services	All the people of the State of Illinois	Not given

SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
b. General Sanitation	Assure that proper sanitation and safety requirements are met.	Perform inspections of state and private institutions, mobile home parks, migrant labor camps and recreational areas.	All the people of the State of Illinois.	Not given
c. Radiological Health and Nuclear Safety	To assure that the uses of radiation and nuclear power in the state are in conformance with safety standards and will have no deleterious effect on the health and safety of citizens.	Inspection, regulation, monitoring of all nuclear power facilities, and all facilities in which radioactive materials and machines producing radiation are used.	All the people in the State of Illinois.	Not given
d. Engineering	To assure safe water supplies, water wells, swimming pools, bathing beaches, proper sewage disposal.	Inspect and provide consultation re enforcement of laws and regulations pertaining to water supplies, swimming pools and bathing beaches, manufactured housing and sewage disposal.	All the people in the State of Illinois.	Not given

121

122

Directions for 1979

Two principal issues have shaped the program planning directions of the Department of Public Health for fiscal year 1979 -

- The need to extend and strengthen preventive health programs throughout the state, and
- The need to improve access to quality health care for all of the people.

The primary concern of public health is with the preservation of health and the prevention of disease. The majority of these services can far better be delivered by municipal and county health department and by voluntary agencies in individual communities than by the state health department. DPH has requested increased support for local health departments, increased emphasis on staff training, and the departments and services.

The second major concern is to improve access to appropriate medical care.

Specifically:

- Development of the State Health Plan
- Expansion of the family practice residency program
- Development of primary care resources in underserved rural areas
- Health care cost containment
- Study of the needs for dental manpower throughout the State
- Efforts to find financial resources other than State general revenues to assist those suffering from financially catastrophic illnesses and to assure that high cost does not deter people from obtaining appropriate care and treatment.

UNIVERSITY OF ILLINOIS

DIVISION OF SERVICES TO CRIPPLED CHILDREN

1

Mandate

The Division of Services to Crippled Children has a broad mandate to serve children with physical defects, disabilities, and/or handicaps, in need of an array of special medical and related habilitative services. The agency operates under federal statutes and regulations related to Title V of the Social Security Act. The agency is the designated State Agency to administer the SSI-Disabled Children's Program, Title XVI of the Social Security Act. State enabling legislation provides statutory authority for administration of the agency to the University of Illinois.

Historically a rural oriented program, the agency is currently mandated to serve all children in Illinois to the limit of its resources. Currently, it only partially serves children in Chicago. Funding is supplemented by third-party funding (Title XIX, private health insurance), and by family personal resources.

The agency is centralized, operating out of ten field offices throughout the State. The State is divided into regions similar to the Health Services Planning Areas. Administrative responsibility for the agency rests with the University of Illinois Board of Trustees.

2

Mission

Agency objectives are to provide for early identification of children with physically handicapping conditions to develop and implement a mechanism for evaluation and diagnosis, to offer the necessary specialized medical care, related habilitative services and follow-up, and to develop, promote and improve the standards of care required by physically handicapped children. Services are offered to children 0-21 years of age, with eligibility determined by medical condition and parent's financial resources.

Target Problems

The problems addressed by DSCC evolve around the needs of children with physical defects, disabilities and handicaps who require long-term and specialized medical care and related habilitative services. For many of their parents/guardians, there is also a need for assistance in programming the various aspects of the services recommended for their child. Frequently there is the added requirement of financial support. Increasingly, handicapped children referred to the agency are being recognized as multiply handicapped and requiring multidisciplinary attention.

The eligible conditions provided services are as follows: orthopedic, neurologic and cardiovascular impairments, birth or acquired defects amenable to plastic surgery, hearing loss requiring specialized care, organic speech disabilities, cystic fibrosis, hemophilia and phenylketonuria (PKU).

SERVICES

SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. FIELD CLINICS AND IMPLEMENTATION OF SERVICE PLANS	Operation of field clinics throughout the state in order to provide accessible diagnostic and follow-up services to handicapped children who do not require immediate hospitalization.	Medical consultation by specialists in pediatrics and orthopedics Speech and hearing evaluation Medical social work evaluation Development of diagnosis and treatment plans Public health nursing followup Medical and financial eligibility determination Information and referral.	All referred handicapped children can be initially seen for diagnostic purposes at no charge to families/guardians. General criteria for the program of continued services included physical disability and financial eligibility determinations.	General and specialized clinics paid on a service charge basis; medical personnel reimbursed on a fee basis; agency staff; volunteers.
2. HOSPITAL AND MEDICAL CARE	The provision of definitive diagnosis and specialized medical/surgical and related treatment to handicapped children who are eligible for services.	Outpatient visits to medical centers or private offices or other therapy facilities Hospital care.	Children who meet the categorical medical eligibility criteria and whose parents/guardians meet the financial eligibility criteria for agency assistance.	Reimbursement on fee-for-service basis to individual providers; payments to hospitals as per regulations; programming by agency staff.

126

127

	SERVICES	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
3.	PROVISION OF ASSISTIVE APPLIANCES TO HANDICAPPED CHILDREN	The provision of assistive appliances in order to further the habilitation of handicapped children with various orthopedic or neurologic disorders, severe hearing loss or chronic disease.	Braces; artificial limbs; hearing aids; nebulizers; an array of special equipment.	Children with orthopedic and neurological handicaps, cardiac disorders, severe burns, urological or intestinal complications, dental defects, cystic fibrosis and hearing loss whose physical handicapping condition requires such provision.	Purchase order to approved vendor.
4.	ADMINISTRATION	Provision of central management function for agency operations.	Establishment and maintenance of patient records and related communications Issuance of authorizations Provision for billings for services from providers Maintenance of mechanisms for payments Provision of management oriented computer operations relative to patient care and budget control.	Not applicable	Not applicable

Directions for 1979

The past two years has evidenced a larger than usual number of children with serious and/or multiple handicaps who required more expensive care in hospital settings. This trend is expected to continue.

Emergency and other urgent hospital services will continue. All other expenditures of moderate or high cost will be critically examined.

It is planned that during FY 79 further improvements will be made in the Chicago aspects of this agency's program.

Overall priority will be given to service support components which bear a higher promise of providing improvement of health or habilitation of a disabling condition. Improving financial support from all other third party payers, eliminating lesser priority services and increasing parental responsibility are other features toward agency economy. Since hospitalization is the major item of expenditure, effort will be made to limit unusually high expenditures for any single child and to the extent possible concentrate on lower cost outpatient services.

A necessary priority at all times is to maintain and improve relationships with all State human services agencies and with those in the voluntary sector.

DIVISION OF VOCATIONAL REHABILITATION

1

Mandate

The Illinois Division of Vocational Rehabilitation (IDVR) is mandated by Federal and State law to provide vocational rehabilitation services to persons in the State of Illinois who have either physical or mental disabilities that are or will be impediments to suitable employment or gainful activity. Since reaching a vocational goal is a primary objective of the rehabilitation program, the majority of those served are within or near an employable age, usually between 16 and 64, thus DVR's Plan affects handicapped adolescents 16 and over.

The statutes which authorize the activities of the Division are as follows:

Federal,
P.L. 93-112, Federal Rehabiliation Act of 1973;
P.L. 93-56, Federal Rehabilitation Act Amendments of 1974,
Social Security Act, as amended;

State,
Illinois Revised Statutes, Chap. 23, Sec. 3431 et seq.

2

Mission

The value of a rehabilitation program should be gauged not only by statistics but by the improved quality of life of the human beings helped by the program. The Illinois Division of Vocational Rehabilitation is placing special emphasis on improving the quality of life of the handicapped citizens of Illinois through the implementation of the following action plans:

1. Increase the percent of handicapped employees of the State of Illinois.

2. Increase the level of service provided by the Agency.

3. Foster more consumer involvement in rehabilitation policy development.

4. Stimulate more inter-agency participation in the rehabilitation process.

5. Insure effective and efficient management by implementing a series of performance indicators.

3

Target Problems

Under the rehabilitation process, basically five groups of clients are served. These five groups are:

Severely Disabled Individuals, those who have a severe physical or mental disability which seriously limits their functional capacities;

Supplemental Security Income Recipients, persons who were previously being served by State-Federal public assistance programs;

Social Security Disability Insurance Beneficiaries, individuals receiving benefit payments from the Social Security Administration;

Public Aid Recipients, those who are non-severely disabled and who qualify for assistance under the definitions outlined by DHEW;

Generally Disabled persons, all other individuals who are eligible for VR services, but do not meet the above criteria.

Services

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. Vocational Rehabilitation Services				
a. Health-Related Diagnosis and Evaluation	Health-related activities used to determine eligibility or to ascertain the nature and scope of rehabilitation services needed.	Medical examinations. Forms of physical and mental restoration. Hospitalization for diagnostic purposes.	Clients who are eligible for physical restoration services.	Counselors issue authorizations to physicians and/or hospitals for examinations, physicals, and tests.
b. Other Diagnosis and Evaluation	Non-medical activities used to determine eligibility or to ascertain the nature and scope of rehabilitation services needed.	On-the-job work evaluations. Psychological testing and evaluations. Transportation to training sites and facilities, physicians, hospitals, and other medical services for tests and evaluations.	Clients who are eligible for physical restoration services.	Diagnosis by counselor, physician, or training institution to determine any problem, not health-related, in order to rehabilitate client.
c. Surgery	Provision of corrective surgery and related medical services to correct or modify a handicapping condition and to assist the client in becoming employable.	Routine physical examinations. Authorized surgery. Surgeon's aftercare in the hospital.	Clients who are eligible for physical restoration services.	Private physicians and hospitals paid at rate of payment determined for authorized operations and surgical explorations.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
d. Treatment	Remediation of problems to assist individual in becoming employable.	Psychiatric treatment; drugs, biologicals, and supplies incident to treatment; dental treatment; physical therapy; occupational therapy; hearing therapy; visual services; psychological services.	Clients who are determined as eligible for IDVR services and who meet the economic needs test.	Provided by physician upon approval by counselor.
e. Appliances	Provision of appliances to enable the client to obtain and retain suitable employment.	Artificial limbs. Braces. Hearing aids. Glasses and artificial eyes. Contact lenses. Surgical appliances. Dentures.	Clients who are eligible for physical restoration services.	Counselor issues an authorization and processes a voucher from a rehabilitation supplies outlet or facility.
f. Hospitalization	In-patient and out-patient hospital services in connection with medical or surgical treatment and convalescent or nursing homes.	Nursing services. Clinical services. Room and board.	Clients who are eligible for physical restoration services.	Counselor may authorize payment of a voucher for hospitalization costs or convalescence in a nursing home; contracts may be issued to nursing homes for room and board.
g. Maintenance	Coverage of basic living expenses so that the individual can derive the full benefit of other vocational rehabilitation services provided.	Basic living expenses, including room and board, while attending training seminars or workshops. Receiving treatment or therapy at hospitals or clinics, or receiving diagnostic service.	Clients determined eligible for service related to training and/or physical restoration.	Counselor issues authorization to provider to cover basic living expense.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
h. Transportation	Assistance in making arrangements for travel of clients to and from community resources.	Transportation to: diagnostic service, physical restoration service, training service, employment during initial period of employment.	Persons who have been certified as handicapped, unemployed, sub-employed, not in the labor force, but in need of work, vocational or educational skills.	Non-agency personnel, public and/or private, provide travel.
i. On-the-Job Training	Training conducted in a work environment and designed to enable individuals to learn a bona fide skill or qualify for a particular occupation through demonstration and practice.	(Not Given)	Clients who are most likely to benefit from on-the-job training to lead to permanent employment.	Non-agency personnel train clients; Counselors assist clients in securing suitable training.
j. Vocational Training	Classroom training designed to prepare the client for an occupation, vocation, or job.	Business school training. Vocational trade or technical school training. Apprenticeship training. Tuition and fees. Books and supplies. Tools and equipment. Counseling. Basic living expenses. Transportation to and from training facility or work site.	Persons who have been certified as handicapped, unemployed, subemployed, not in the labor force, but in need of work, vocational or educational skills.	Non-agency personnel authorized to train in vocational areas; Grants to facilities, institutions, and vocational technical schools.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
k. Personal and Vocational Adjustment Training	Specialized training to help the client adjust to a particular situation hindering his or her rehabilitation potential.	Work conditioning. Development of work tolerances. Training in the use of artificial limbs, aids, or appliances. Literacy training. Remedial training. Training in lip reading. Braille training. Assistance in selecting a training location. Assistance in assessing the proposed training program. Assistance in planning for the training program. Transportation to and from the training facility. Basic living expenses.	Persons who have been certified as handicapped, unemployed, subemployed, not in the labor force, but in need of work, vocational or educational skills.	Grants to institutions for needed services.
l. Other Training	Types of training not covered in other components, provided to assist the client in successful completion of his or her rehabilitation program and achievement of self-sufficiency.	Driver's education. Preparatory courses (GED) or other examinations.	Clients who have been determined to be most likely to benefit from "Other Training."	Authorization by counselor to training facility, institution of learning, or rehabilitation facility.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
m. Counseling	Direct interaction between a trained counselor and an individual to provide purposeful assistance in improving social functioning and coping with personal problems.	Intake. Eligibility determination. Assessment of needs. Vocational guidance. Testing. Development with client of Individual Program. Monitoring of service delivery. Modification of Program. Documentation for testing, training, transportation, maintenance, and other services. Job development. Job referral. Follow-up. Closure of cases.	Persons who have been certified as handicapped, unemployed, subemployed, not in the labor force, but in need of work, vocational or educational skills.	Counselor and client develop plan.
n. Miscellaneous Services	Other services required for the client's vocational rehabilitation.	Reader and interpreter assistance. Occupational tools and equipment. Initial stocks and licenses. Medical care. Homemaker. Services to client's family.	Persons who have been certified as handicapped, unemployed, subemployed, not in the labor force, but in need of work, vocational or educational skills.	Counselors prepare authorizations for other services.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
2. Third-Party Agreements	Provision of new services or patterns of services through agreements with third-party agencies.	Intake of referrals. Provision of appropriate services, including counseling. Cooperation with schools in improving opportunities.	Persons who have been certified as being handicapped, unemployed, sub-employed, not in the labor force, but in need of work, vocational or educational skills.	Purchased through agreements with community colleges, special education programs and other State and local public agencies.

Directions for 1979

IDVR is required by the Federal Rehabilitation Act of 1973 to provide diagnostic and evaluation services for disabled persons in order to identify and develop vocational rehabilitation goals and training for gainful employment. The Agency will attempt to increase employment opportunities, quality rehabilitation services, consumer involvement, inter-agency relationships and the effectiveness and efficiency of management practices during Fiscal Year 1979. The following five categories reflect issues and determine the directions IDVR will pursue in 1979 in addressing the needs of handicapped citizens.

Employment Opportunities

Quality Rehabilitation Services

Consumer Involvement

Inter-agency Relationships

Effective and Efficient Management

GOVERNOR'S OFFICE OF MANPOWER AND HUMAN DEVELOPMENT

1

Mandate

The Governor's Office of Manpower and Human Development is responsible for administering the Federal Comprehensive Employment and Training Act of 1973 (CETA), P.L. 93-203, the Community Services Act, P.L. 93-644, and for operating a health and safety consultation program funded through the Occupational Safety and Health Administration.

CETA funds are directed to manpower training and support services, to subsidized public service employment and to related research, planning and demonstration projects. The Illinois Employment and Training Council is funded through CETA to advise the Governor on the planning and operations of these programs.

The State Economic Opportunity Office (SEOO) utilizes Community Service Administration funds to provide training and technical assistance to Community Action Agencies and Community Based Organizations serving the economically disadvantaged.

The Industrial Services Division represents the newest programmatic direction for the Agency and is designed to assist employers in meeting their obligations under the Occupational Safety and Health Act.

Community Services Administration resources earmarked for service delivery are granted to Community Action Agencies and Community Based Organizations throughout the state.

2

Mission

The agency's primary purpose is to enhance the self sufficiency of Illinois' citizens who are unemployed, underemployed or economically disadvantaged and to establish and maintain effective coordination of State and local employment and training and anti-poverty efforts.

Services

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. CETA Balance of State Prime Sponsor				
a. Title I - Rural Manpower Program	Provision of comprehensive employment and training services throughout the Balance of State to enable individuals to secure and retain employment at their maximum capacity.	Classroom training. On-the-job-training. Work experience. Other services to participants.	Unemployed, underemployed and economically disadvantaged persons who need employment and training services to obtain, retain or improve employment.	Subgrants to program agents in local areas.
b. Title II - Federal Labor Projects	Provision of transitional subsidized employment in jobs providing needed public services in geographic areas of substantial unemployment.	Public Service employment. Other services to assist participants.	Unemployed and underemployed persons residing in areas of substantial unemployment (at least 6.5 percent for a period of three consecutive months).	Subgrants to program agents in local areas.
c. CETA Balance of State Prime Sponsor 1) Youth Community Conservation and Improvement Projects; 2) Youth Employment and Training Programs	Provision of employment and training opportunities for disadvantaged young people to ameliorate the structural and economic difficulties of these youth and to assist them in acquiring work skills.	Work experience. Classroom training. On-the-job training. Other services.	Youth between the ages of 14 and 21, especially economically disadvantaged, unemployed, minority and other youths experiencing severe employment difficulties.	Subgrants to program agents in local areas.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
d. Emergency Jobs Program	Provision of temporary subsidized employment opportunities in the public and private nonprofit sectors to relieve the problems of high unemployment and to meet currently unmet public service needs of local communities.	Public service employment.	Unemployed or economically disadvantaged persons.	Subgrants to program agents in local areas.
e. Grants-in-Aid for STIP	Provision of advanced skill training, with an emphasis on private sector involvement in design and operation, through the Skill Training Improvement Program (STIP).	Classroom training. On-the-job-training. Other services to assist participants.	Low-income, unemployed workers, particularly those displaced due to technological change or other economic factors and those with obsolete or inadequate skills.	Subgrants to program agents in local areas.
f. Administration	Overall administration of the CETA Balance of State Prime Sponsor program.	(Not Given)	Not applicable.	Direct by GOMHD staff.
2. Statewide Manpower Services a. Title I 5% - Supplemental Vocational Education Projects	Five percent of the Title I funds available to prime sponsors for programs, services or activities related to vocational or technical training or retraining.	Vocational instruction. Adult vocational education. Counseling.	Economically disadvantaged, unemployed or underemployed persons who reside in the Balance of State geographical area.	The Department of Adult, Vocational and Technical Education (DAVTE/IOE), is the administrative agent for the 5% funds.

SERVICE	DEFINITION	ACTIVITIES	POPULATION	DELIVERY
b. Title III 5% - Statewide Special Grants	Carrying out innovative and experiemental programs to test new approaches for alleviating the unemployment problems of youth.	Provision of employment and training opportunities. Development and provision of labor market and occupational information. Delivery of services to in-school and out-of-school youths. Operation of expanded and experimental programs in apprenticeship trades. Operation of other special model employment and training programs. Identification of and planning for the employment and training needs of the State's youth. Cooperation with organizations and individuals involved with youth employment and training.	Unemployed and underemployed youths who are in school, aged 16 to 21, and members of families with a total family income at or below 85% of the lower living standard income level.	Subgrants to various agencies and organizations to operate programs.
c. Title I 4% - Statewide Manpower Grants	Development of programs designed to serve statewide target groups, eliminate barriers to employment, expand and update labor market information, provide technical assistance and management training to CETA prime sponsors, encourage local initiation	Identifying and planning for the State's employment and training needs. Cooperating with and soliciting input from various organizations involved with employment and training. Deploying funds, monitoring and evaluating projects under this section of Title I.	Unemployed, underemployed and economically disadvantaged persons who need employment and training services to obtain, retain or improve employment.	Subgrants to various agencies and organizations throughout the State.

151

152

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
	of manpower demonstration projects with potential statewide impact, and stimulate interagency coordination of services.			
3. State Economic Opportunity Office a. Energy Administration Fund	Provision of emergency energy conservation services to enable low-income families and individuals to participate in energy conservation and to lessen the impact of the high cost of energy on such persons.	Education in energy conservation. Weatherization. Improved space conditioning and insulation. Emergency loans and grants. Assistance in conservation technologies. Assistance in meeting expenses related to the energy crisis.	Low-income families and individuals who need assistance in meeting increased energy costs and conserving energy.	Grants to community action agencies.
b. Grants-in-Aid for Community Partnership Programs	Provision of funds to community action agencies to alleviate the problems of the poor at the local level.	Pre-award and negotiation for contract development. Audit of reports and compliance activities. Processing of vouchers. Contracting. Field Monitoring.	Low-income families and individuals, particularly those in rural areas of the State.	Grants to community action agencies.
c. Summer Youth Program	Recreational opportunities for economically disadvantaged children during the summer months.	Recreational opportunities. Transportation activities.	Economically disadvantaged children.	Grants to community action agencies

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
d. Rural Self-Help Program	Assistance to community action agencies to develop and operate anti-poverty programs in rural areas of the State.	Transportation Feasibility Study. Areawide Housing Demonstration Program.	Low-income rural residents of the State.	Grants to community action agencies.
e. Economic Opportunity Fund	SEOO performs the functions of: Resource Mobilization. Program Development. Field Services and Technical Assistance. Grants Management.	Management of grants awarded by GOMHD to community action agencies.	Not applicable.	Direct by SEOO staff.
f. Administration	Overall administration of the SEOO program.	(Not Given)	Not applicable.	Direct by SEOO staff.
4. Office of Interagency Cooperation	Help to citizens in finding solutions to problems involving State government and to facilitate cooperation between State agencies.	Clearinghouse for inquiries and complaints; information and referral; liaison.	Not applicable.	Direct by GOMHD staff.
5. Industrial Services	A health and safety consultation program to serve Illinois employers by assisting them to meet their obligations under the Occupational Safety and Health Act.	Onsite visits; consultation.	Illinois employers needing technological advice and expertise to make their businesses safe and hazard-free in compliance with OSHA requirements.	Direct by GOMHD staff.

Directions for 1979

For the past four fiscal years the one single major goal of the GOMHD has been the development of employment opportunities and the preparation of citizens to take advantage of these opportunities. Or stated simply, jobs for people who need them. This will be no less true in fiscal year 1979.

Specific directions are:

1. Improvement of program performance evaluations;
2. Follow-up with ex-CETA participants;
3. Study to determine feasibility of developing coordinated transportation services among social agencies in 1979;
4. Expansion of Community Action Agencies;
5. Legislation to eliminate domestic violence and continued study of women's needs;
6. On-site consultation to employers by the Industrial Services Division.

ILLINOIS LAW ENFORCEMENT COMMISSION

The Illinois Law Enforcement Commission was not a part of the state's mandated planning process. The agency does prepare an annual plan, however, under guidelines established by the Federal Law Enforcement Assistance Administration. The information presented below is drawn from ILEC's separate plan materials.

1

Mandate

ILEC functions as the designated State Planning Agency to administer Federal funds made available to Illinois under the Omnibus Crime Control Act of 1968, as amended, and the Juvenile Justice and Delinquency Prevention Act of 1974, as amended in 1976.

The responsibilities of ILEC are to develop a state plan for administration of these funds; to award grants toward fulfillment of that plan; to provide technical assistance to grantees; to monitor and evaluate their progress; and, to cooperate with other state organizations toward achieving of the goals set forth in the Federal Acts.

Nineteen Regional offices staff the nineteen Regional Commissions and provide linkages between local providers and units and the state agency.

The Juvenile Justice Advisory Council must participate in development of plans to support services for youth, under the provisions of the JJDPA.

2

Mission

The overall purpose of both Acts is stated as the prevention and reduction of crime and delinquency, the improvement of the law enforcemtnt and justice system, the enhancement of public safety, and the rehabilitation of offenders.

3

Target Problems

Identification of priority problems by ILEC and the regional planning units resulted in the following list:

1. Police use of referral to welfare agencies does not occur so often as might be expected.

2. Detention of status offenders and non-offenders continues.

3. Data quality and accessibility is less than optimal in most cases.

4. Appropriate diversionary resources need to be made available for youth coming into contact with the justice system.

5. The demands on existing services may increase with increased formal identification of status offenders and of non-offenders.

6. Coordination among courts, schools and the Juvenile Court Act is lacking relative to responses to truants.

7. County-by-county organization of probation services does not appear the most efficient basis for allocating resources or developing these services.

Services

ILEC offers no direct services to youth. Instead, the agency funds programs that provide priority services. The summary that follows is based on ILEC planning materials, which were not in format comparable to other plans.

SERVICES	DESCRIPTION	EFFECTIVENESS MEASURES
a. Delinquency Prevention	To provide an array of services to prevent delinquent-prone youth from involvement with the juvenile justice system, by engaging them in counseling, productive activities, et al.	Effectiveness indicators for all of the services in grants as one or more of the following measures: 1. Lowered rate of reported law infractions by juveniles; 2. Increase in number of delinquent-prone youth who: a. Remain in school; b. Obtain employment; c. Engage in other, productive activities; 3. Decrease in rate of status offenders and non-offenders held in detention; 4. Decrease in numbers of youth who must be removed from, or who choose to leave, their families; 5. Decrease in rate of youth adjudicated delinquent by the Juvenile Court; 6. Decrease in rate of youth committed to Corrections; 7. Decrease in recidivism rate for youth released from institutions;
b. Alternative Education	To develop alternatives for educational services for youth unable to function within the regular public school setting, as evidenced by school avoidance behaviors.	
c. Youth Employment	To assist delinquent-prone youth in developing employment-related skills and in obtaining employment.	
d. Family Focussed Intervention	To assist families and youth toward understanding and resolution of intra-family conflicts that are a factor in delinquent acts by youth.	
e. Group Homes/ Shelter Care	To provide for twenty-four hour temporary shelter, care and supportive services, as alternatives to detention for status offenders; To provide similar services for longer periods to adjudicated and probationary youth.	

SERVICES	DESCRIPTION	EFFECTIVENESS MEASURES
f. Diversion	To provide services that will divert youth after initial infractions from further penetration into the system.	8. Increase in access to services that are needed by delinquent and delinquent-prone youth.
g. Youth Advocacy	To assist youth in accessing appropriate services for which they are eligible, and in exercising the rights available to them.	
h. Deinstitutionalization Network Services	An array of services designed to provide appropriate programming for delinquent and delinquency-prone youth within their communities.	
i. DOC Institution-Based Services	A variety of programs designed to assist adjudicated, institutionalized youth toward more effective reintegration into society after their release.	
j. Training and Technical Assistance	To assist services personnel to attain and to improve knowledge and skills necessary for provision of needed services to youth, their families, and their communities.	

DIRECTIONS FOR 1979

Many of the programs funded are continuations as per previous commitments and/or reaffirmation of continuing needs. Priorities, as per designation for use of new funds, appear to be:

1. Deinstitutionalization Network Services;

2. Evaluations of funded juvenile justice programs;

3. Monitoring of institutional services relative to status offenders and non-offenders.

ILLINOIS OFFICE OF EDUCATION

The Illinois Office of Education does not fall under the Human Services Plans requirements, so that information regarding this key agency is not available in the same format as for other agencies. Its responsibilities indirectly affect a larger number of children than all of the other agencies, however, and the budget for educational services accounts for approximately 33% of the state's budget. Because of the significance of education to the whole of children's services, Education is the single service to which every child in the state is entitled. Because of this significance, some information is presented here as drawn from various IOE reports, the School Code, and the agency's proposed budget for fiscal 1980.

1

Mandate

The 1970 State Constitution called for a State Board of Education to be in charge of state education policies. The 17 member Board assumed governance responsibilities in 1975. The Board appoints the State Superintendent of Education, who administers the Illinois Office of Education in carrying out the Board's policies, within the mandate of the Illinois School Code and other applicable laws.

Major functions of the state education office are: (1) leadership, (2) regulation, (3) support. The education office provides educational leadership to local school districts; insures that each school system in the state meets minimum standards for educational programs, personnel, and business management practices; provides local school systems with expert help in curriculum and management areas; handles and disburses state and federal funds; enforces a policy of equal educational opportunity for all children.

2

Mission

The purpose of the State Board and the Illinois Office of Education, as articulated within the Constitution, is to assure to all persons within the state the opportunity to participate in an education that will allow them to achieve their maximum potential.

Target Problems

The State Board of Education has adopted a statement of goals which can constitute, for our purposes, an expression of the problems the Board intends to address. These are as follows:

A. Learner Goals

1. Improving reading and literacy
2. Bilingual/bicultural education
3. Adult education
4. Vocational education
5. Career education
6. Special student populations
7. Educational alternatives
8. Dropout/truancy
9. Student rights and responsibilities
10. Health and safety of students

B. Enabling Goals

1. Adequate finance
2. Teacher education/certification
3. Employee/employer relations
4. School desegregation

C. Service Goals

1. Relationships and Communication
2. Coordination with local school districts
3. Simplified reporting systems
4. Periodic evaluation of the State Board of Education and the Illinois Office of Education
5. Affirmative action
6. Declining enrollments
7. District organization

Services

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
1. General State Aid	A per capita (student) grant disbursed to school districts on the basis of each district's per capita wealth, local effort, and pupil count.	Assessment of entitlement; monitoring; disbursement of funds.	Children who are in attendance in public schools.	Warrant issued to school district.
2. Summer School	Summer month programs conducted for eligible handicapped students.	Assessment; monitoring; disbursement.	Severely and profoundly handicapped children.	Warrant issued to school district.
3. Orphanages and State-Owned Housing	Reimbursement for educational services to children residing in orphanages, children's homes, and state-owned housing.	Assessment; monitoring; disbursement; evaluation.	Children residing in orphanages, children's homes, and state-owned housing.	Warrant issued to eligible school districts.
4. Driver Education	Reimbursement for training youth in safe and efficient operation of the automobile.	Assessment; monitoring; disbursement.	High school pupils in public and non-public schools; other residents aged 15-21.	Warrant payable to school district.
5. Special Education				
a. Instruction	Reimbursement toward expenses of personnel hired to serve handicapped children ages 3 - 21.	Approval; assessment; monitoring; disbursement.	Children 3-21 who are mentally retarded, physically handicapped, learning disabled, visually impaired, hard of hearing, deaf, speech and language impaired, behavior impaired, health impaired.	Warrant payable to school district on basis of number and categories of personnel.

	SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
b.	Extraordinary Services	Financial assistance to provide services for children with unique or complex educational needs due to serious disabilities.	Review of individual applications; approval; monitoring; disbursement.	Children with unique/complex educational needs due to severe disabilities.	Warrant payable to district for services provided.
c.	Private School Tuition	Financial assistance to ensure special education services for children when public schools have no suitable program.	Approval of placement; monitoring; disbursement.	Children whose educational needs cannot be met in their home school district.	Warrant payable to district; district pays provider.
d.	Orphanage Tuition	Reimbursement to district for special education services to non-residents.	Review and approval of request; monitoring; disbursement.	Children in orphanages, children's homes, foster families, state agencies and state residential units.	Warrant payable to district providing the service.
e.	Transportation	Assistance to districts for costs of transporting handicapped pupils with special transportation needs.	Review and approval of allowable costs; monitoring; disbursement.	Pupils whose handicaps are of nature or severity such that they cannot be transported in regular school buses.	Warrant payable to school district.
f.	Deaf/Blind Center	Provision of a statewide center for deaf/blind adults and youth, to include a residential facility in the Chicago area.	Residential and educational services; counseling; management of educational materials.	Persons aged 3-21 years, who are deaf and blind.	Contract with Cook County ESR; payments to the ESR.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
6. Transitional Bilingual Education	Programs to ensure that students with limited English may develop fluency enabling them to participate in the regular school program.	Technical assistance; reimbursement.	Pupils whose lack of English proficiency impedes their ability to learn in regular school programs.	Direct by staff; warrant to school district providing the service.
7. Gifted Education a. Instruction	Programs to identify children with special talents and secure adequate resources to meet their needs.	Approval; technical assistance; financial assistance.	K-12 pupils whose mental development is accelerated and who are capable of high performance in mental ability, academic aptitude, creative thinking, leadership ability, visual and performing arts, and/or physical ability.	Direct by staff; warrant to school district.
b. Area Service Centers	Nine service centers providing resources and monitoring to local programs.	Assistance in development of gifted programs; in-service training; monitoring; dissemination of information.	Classroom teachers and coordinators of local programs.	Contracts with providers; warrants to area centers on quarterly basis.
8. Truants Alternative Program	Contracts to public and private agencies for provision of programs for truants.	Review and approval of programs; monitoring; reimbursement.	Pupils subject to compulsory attendance laws who are chronic as truants or who are potential truants.	Reimbursement to approved programs on a monthly basis.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
9. Vocational Education	Education and training designed to expand the State's labor force and promote economic growth and development by providing programs to gain and upgrade job-related skills.	Plan approval; technical assistance; monitoring; reimbursement.	All the state's elementary, secondary, post-secondary and adult population.	Warrant to school district to reimburse difference in costs of academic and vocational programs.
10. Textbook Program	Provision of textbooks at no cost to parents or school districts.	Local schools select texts; IOE orders, pays for books.	All students enrolled in grades K - 12	Direct payment to publishing companies.
11. Illinois Free Lunch and Breakfast	Free breakfasts and lunches for needy children attending public schools.	Determination of eligibility; reimbursement.	Pupils falling within income guidelines of the National School Lunch Program (USDA).	Monthly reimbursements of up to $.15 for each free lunch and breakfast provided.
12. Regular and Vocational Transportation	Transportation for pupils who reside 1½ miles or more from an assigned attendance center or vocational school.	Review and approval; reimbursement.	1) Regular students who live 1½ miles or more from their schools; 2) Vocational students.	Reimbursement for 1) vocational students at 4/5 of allowable costs, 2) regular students at difference between allowable costs and local qualifying amount.
13. Desegregation Programs a. Assistance for Desegregating Districts Programs	Financial assistance to schools toward achievement of desegregation.	Approval of plan; approval of costs for: • community involvement, • special services for involved children, • added costs for staff and curriculum, • transportation; Technical assistance.	Districts involved in development and implementation of a desegregation plan.	(Not Given)

173

174

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
b. Inter-District Incentive Program	Support services for districts involved in exchanges of students to achieve desegregation.	Approval of plan; approval of costs as in 13-a, plus per pupil factor for each pupil involved in inter-district transfer; technical assistance.	Local districts which have adopted a plan to serve non-resident children not otherwise eligible for enrollment.	(Not Given)
14. High Impact Training for Economic Development	Grants to public and private agencies for training programs developed and implemented cooperatively with industry.	Review and approval; monitoring; disbursement.	Unemployed youth; underemployed workers; older employees needing retraining; chronically unemployed; disadvantaged, including handicapped and minorities.	Grants for program planning; reimbursement for actual costs.
15. Vocational Education Act (P.L. 94-482) Programs				
a. Experience Based Career Education	Development and implementation of career training programs based on actual experiences.	Pre-approval of grant request.	Three school districts selected as project sites: Decatur Joliet Sycamore	Grants to approved districts.

	SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
b.	Program Improvement and Support Services	Grants to improve vocational programs by providing support services.	Research; exemplary and innovative programs; curriculum development; guidance and counseling; personnel development; overcoming sex bias.	Elementary and secondary school districts, unit districts, community colleges, universities, private consultants.	Reimbursement agreements; or, advance funded agreements.
c.	Consumer and Occupational Homemaking	Support to make consumer and homemaking programs available to all students.	Approval for funding; monitoring; disbursement.	All students at all educational levels.	Reimbursement of $100 per student credit hour, or 90% of actual cost of program.
d.	Federal Vocational Education	Programs of: • Vocational education, • Work-study, • Coop voc-ed, • Guidance and placement, • Special programs for eliminating sex bias and for the handicapped and disadvantaged.	Approval of plan; monitoring; disbursement.	Elementary, secondary, post-secondary and adult students.	Reimbursement to district for difference in cost between academic and vocational programs.
e.	Special Programs	Assistance for conducting of special vocational programs for disadvantaged persons.	Approval of plan; monitoring; disbursement.	Persons (other than handicapped), who have economic or academic handicaps, and who require special service to enable them to succeed in voc-ed programs.	Reimbursement to secondary districts and community colleges for 50% - 90% of approved budget costs.

SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
f. Career Education	Assistance toward making education as preparation for work a major goal of all who teach.	(Not yet established by U.S. Government)	All students K - 12 enrolled in local districts choosing to participate.	(Not yet established by U.S. Government)
16. Nutrition Education and Training	Grants to regional centers for nutrition education activities.	Training of teachers and school fund personnel; development of curriculum materials for classroom.	All public and private school students in Illinois.	Grants
17. School Foods Services a. Special Milk Program	Encouragement of fluid milk consumption by children.	Approval of application; disbursement.	All students, public and private, 20 years and under.	Reimbursements for 1) milk purchased by students, 2) milk provided free to needy students.
b. National School Lunch and Breakfast Program	Provision of low-cost, nutritious food to eligible elementary and secondary students.	Approval of application; disbursement.	Students in public schools, private schools and residential child care institutions.	Reimbursement for all meals; supplemental reimbursement for meals to needy children.
c. Non-Food Assistance	Grant-in-aid assistance to sponsors for establishment, expansion or renovation of food programs.	Approval of application; disbursement.	Sponsors of school food service program, especially new programs.	Grant-in-aid
18. Indochinese Refugee Assistance Act	Provision of educational services to Indochinese refugee children.	Approval of application; disbursement.	Children of refugees parolled into the U.S. on or after 1/1/77.	Formula grant

	SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
19.	Compensatory Education (ESEA, Title I)	Financial assistance to local districts for supplementary programs for educationally deprived children.	Determination of eligibility; approval of application; monitoring; disbursement.	Educationally deprived children from low-income families; handicapped, neglected, or delinquent children.	Reimbursement to local district based on count of Title I eligibles in the district.
20.	Instructional Materials and School Library Resources (ESEA, Title IV-C)	Improvement of media/library resources in public and private schools.	Approval of application; disbursement.	Staff and students enrolled in public and private schools.	Grants
21.	Education of the Handicapped Act (P.L. 94-142, Part B)	Provision of supplemental funds for special education and related services to all handicapped children 3 - 21.	IOE receives the funds as per approval of annual state plan by DHEW.	Priorities: 1) Unserved handicapped children; 2) Children with severe disabilities who are inadequately served.	Reimbursement as per $155 x number of eligible children served in previous year.
22.	Regional Deaf/Blind (EHA, Title VI-C)	Supplemental funds for services to deaf/blind children throughout Illinois.	Determination of allocation; approval; monitoring; disbursement.	Deaf/blind persons ages 3 - 21.	Reimbursement as per formula weighing needs and performance for each region.
23.	Training Personnel for Education of the Handicapped (EHA, Part D)	Inservice training activities to increase quantity and quality of educational services for the handicapped.	Review of proposals; approval; monitoring; disbursement.	Personnel involved in education of the handicapped.	Contracts

	SERVICE	DEFINITION	ACTIVITIES	TARGET POPULATION	METHOD OF DELIVERY
24.	Migrant Education (ESEA, Title I)	Development of supplemental educational services to meet the needs of migrant children.	Determination of entitlement; review and approval of applications; monitoring; disbursement.	Educationally deprived children of seasonal migrant farmworkers.	Reimbursements to public and private programs providing services.
25.	Guidance, Counseling, and Testing (ESEA, Title IV-D)	Statewide programs to improve guidance, counseling and testing services.	Development and implementation of comprehensive programs; technical assistance; review, approval and disbursement for local grants.	School districts; public and private school students.	Direct by IOE staff; grant awards to local programs.

Directions for 1979

From among the range of issues that have concerned the State Board of Education, the Board membership has selected seven for their focus this year. These issues are as follows:

1. Bilingual needs,
2. Truancy,
3. General finance,
4. Economics of transportation,
5. Adult education,
6. Teacher education,
7. Gifted education.

IV

ISSUES IN PLANNING

In the early Spring of 1978, members of the Planning Consortium surveyed the Directors of the agencies involved in services for children, the Bureau of the Budget, the House Human Resources Committee, and the Governor's Office to learn their perspective of critical issues in children's services planning. Their responses were summarized and edited to develop the following listing:

(a) Locating and providing for unserved handicapped children;

(b) Child health services; such as immunizations, health screening, other needs;

(c) How to serve juvenile delinquents (13+) who are emotionally disturbed;

(d) Re-entry and other school district services for youth returning to the community from corrections, child welfare and mental health;

(e) Accessibility for the handicapped;

(f) Employment for teenagers, both the able and the handicapped;

(g) Child abuse and neglect;

(h) Teenage pregnancy and parenting;

(i) Emergency services;

(j) When should children receive publicly supported services? When should they cease? When should a family be maintained and when not?;

(k) Adoptions;

(l) Who are the "troubled adolescents"? How should they be served? Who should serve them?;

(m) Day care needs and uses;

(n) When and how should residential care and services be used?

These issues will form the basis for group discussions at the three workshops. Each group will attempt to answer the following questions:

What are the problems?
What are the resources?
(What is working well?)
What should be done? How?

THE PLANNING CONSORTIUM FOR CHILDREN'S SERVICES

... is classified as a not-for-profit corporation under Illinois and Federal statutes. It is governed by a 33-member Board of Directors composed of: Appointed representatives from public agencies; elected child welfare representatives; invited citizen and voluntary agency members; appointees from the United Way of Illinois and the Bureau of the Budget. Its purpose is to improve planning and delivery of services for children and youth.

BOARD OFFICERS

President	Hon. Josephine Oblinger
Vice-President	Kenneth Viggers
Vice-President	Neil Davidson
Vice-President	Jeanette Bitter
Secretary	
Treasurer	Dr. Alan Ward
Past President	Gene Meier

STAFF

Executive Director	Marjorie VanderScheer
Project Consultant	Dr. Merwin Crow